



# **Implementing the PDH-CPG Across the Deployment Cycle Post OEF/OIF**

**May 2003 (Updated Apr 05 and 9 Jul 07)**

[pdhealth@amedd.army.mil](mailto:pdhealth@amedd.army.mil)

Provider Consult HelpLine: 1-866-559-1627

Patient Call Center HelpLine: 1-800-796-9699

# Training Agenda



Introduction and Guideline  
Overview

COL Charles Engel

Basics of Risk Communication  
Post-Deployment Health  
Assessment 2796 Enhanced  
Process

Mr Timothy O'Leary  
COL Jeff  
Gunzenhauser

PDH-CPG Application

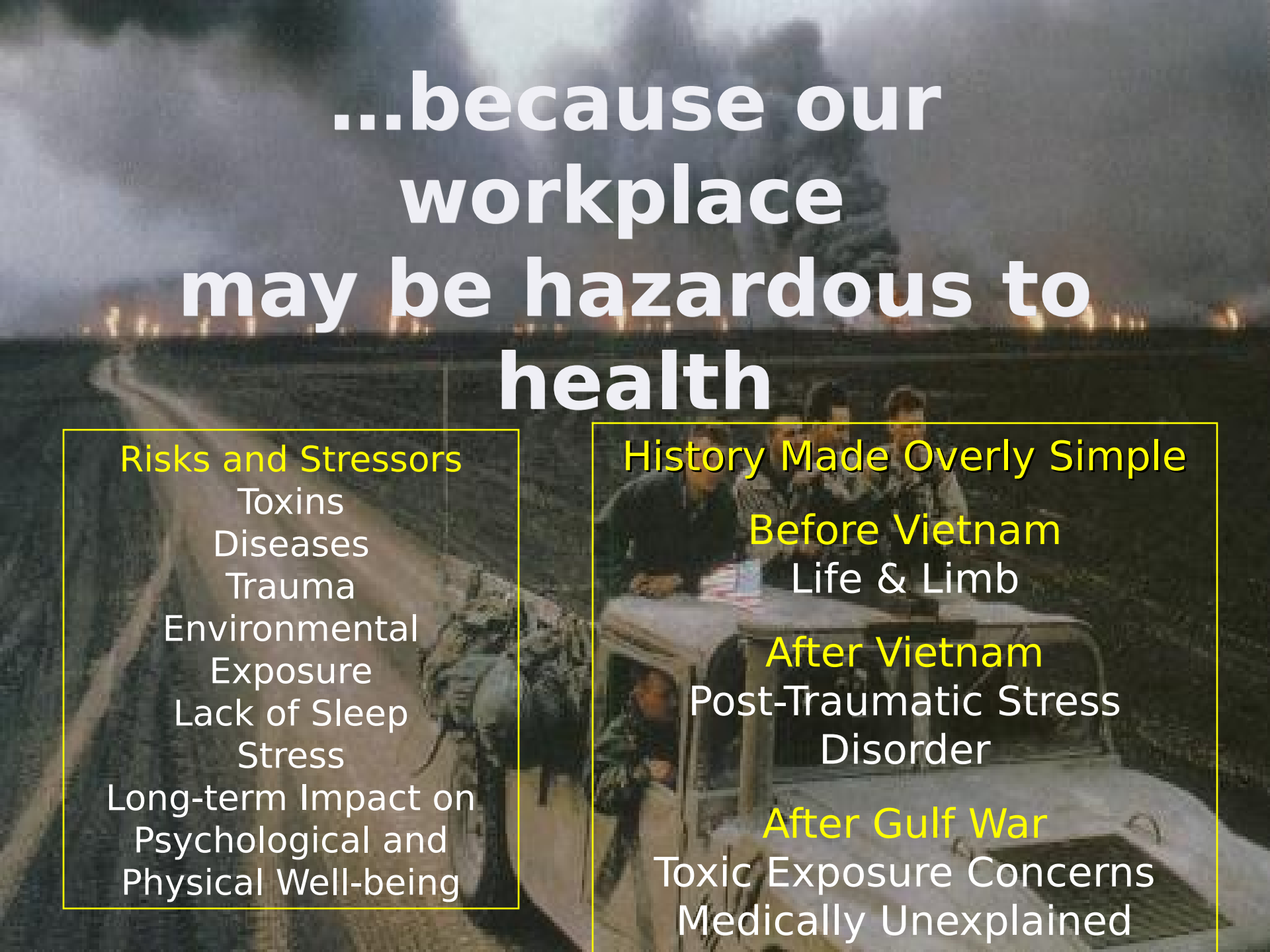
Col Adkins, COL  
Engel, Mr O'Leary

Summary and Questions

# ***Why Focus On Post-Deployment Health Care?***

**(“Isn’t it just ‘routine health care’ in a slightly different uniform?”)**

A cluster of light blue stars of various sizes is located in the bottom right corner of the slide, partially overlapping the text area.



# ...because our workplace may be hazardous to health

## Risks and Stressors

- Toxins
- Diseases
- Trauma
- Environmental Exposure
- Lack of Sleep
- Stress
- Long-term Impact on Psychological and Physical Well-being

## History Made Overly Simple

### Before Vietnam

Life & Limb

### After Vietnam

Post-Traumatic Stress Disorder

### After Gulf War

Toxic Exposure Concerns  
Medically Unexplained



# Gulf War Syndrome



♠ 17% of UK Gulf War Veterans believe they have “Gulf War Syndrome”



SO...WHAT MAKES  
YOU THINK YOU'RE  
SICK?...

DESERT  
STORM  
★  
MEDICAL  
INQUIRY



# **Gulf War Syndrome**

**Agent Orange**

**PTSD**

**Battle fatigue**

**Neurocirculatory asthenia**

**Shell shock**

**Effort syndrome**

**Da Costa's syndrome**

**Soldier's heart**

# **Recent Unexplained Syndromes Involving the Military, War, Deployment, or Terror**

- ♠ Dutch peacekeepers in Lebanon (1980s)
- ♠ "Jungle Disease" (Dutch peacekeepers in Cambodia)
- ♠ Gulf War Syndrome
- ♠ Afghanistan Syndrome (Russia, 1990s)
- ♠ Chechnya Syndrome (Russia, 1990s)

- ♠ Illnesses after 1992 El Al Airliner crash in Amsterdam
- ♠ Illnesses after anthrax vaccination (1990s)
- ♠ Dutch peacekeepers in Bosnia (1995-6)
- ♠ Canadian peacekeepers in Croatia (late 1990s)
- ♠ Balkan War Syndrome



# SPECIAL REPORT Newsweek®

November 5, 2001: \$3.95

newsweek.msnbc.com



**DUST AND FEAR:** Doctors see an unusual number of respiratory complaints

## HEALTH Now, 'WTC Syndrome'

ing coughs and sinus infections to posttraumatic stress and acute lung traumas, including severe asthma requiring mechanical respiration.

The syndrome appears to be

vasculitis  
ease which  
caused by

No one  
the long  
a random

# Unexplained Physical Symptoms Medicine's "Dirty Little Secret"

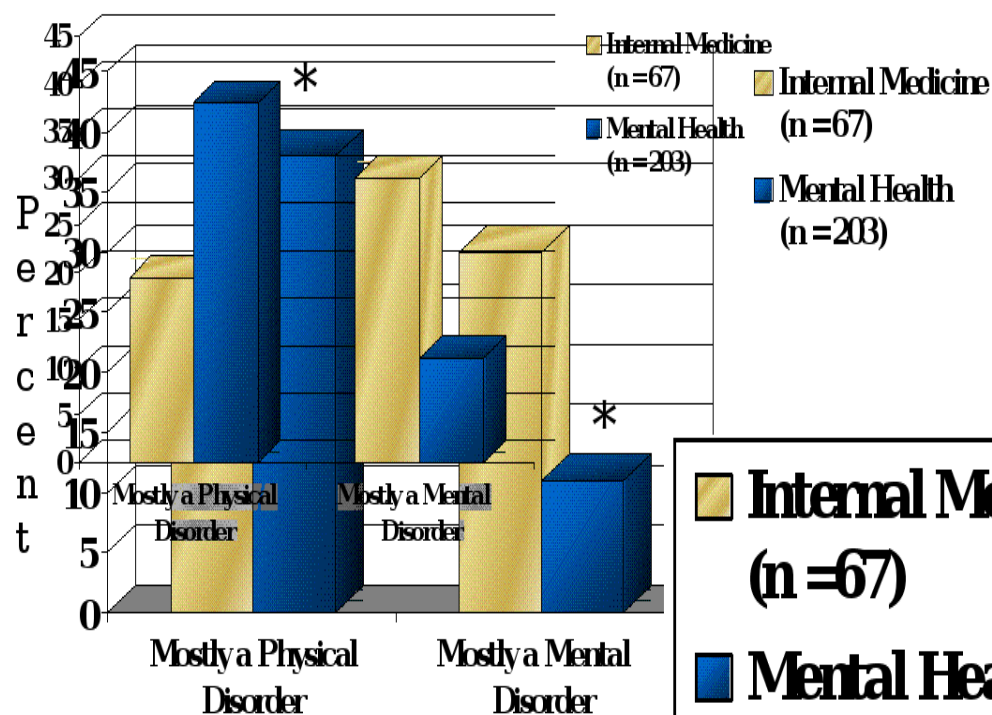


<u>Specialty</u>	<u>Clinical Syndrome</u>
<b>Orthopedics</b>	Low Back Pain Patellofemoral Syndrome
<b>Gynecology</b>	Chronic Pelvic Pain Premenstrual Syndrome
<b>ENT</b>	Idiopathic Tinnitus
<b>Neurology</b>	Idiopathic Dizziness Chronic Headache
<b>Urology</b>	Chronic Prostatitis Interstitial Cystitis Urethral Syndrome
<b>Anesthesiology</b>	Chronic Pain Syndromes
<b>Cardiology</b>	Atypical Chest Pain Idiopathic Syncope Mitral Valve Prolapse
<b>Pulmonary</b>	Hyperventilation Syndrome
<b>Endocrinology</b>	Hypoglycemia

<u>Specialty</u>	<u>Clinical Syndrome</u>
<b>Dentistry</b>	Temporomandibular Disorder
<b>Rheumatology</b>	Fibromyalgia Myofascial Syndrome Silicosis
<b>Internal Medicine</b>	Chronic Fatigue Syndrome
<b>Infect Disease</b>	Chronic Lyme Chronic Epstein-Barr Virus Chronic Brucellosis Chronic Candidiasis
<b>Gastroenterology</b>	Irritable Bowel Syndrome Gastroesophageal Reflux
<b>Physical Medicine</b>	Mild Closed Head Injury
<b>Occupational Medicine</b>	Multiple Chemical Sensitivity Sick Building Syndrome
<b>Military Medicine</b>	Gulf War Syndrome
<b>Psychiatry</b>	Somatoform Disorders



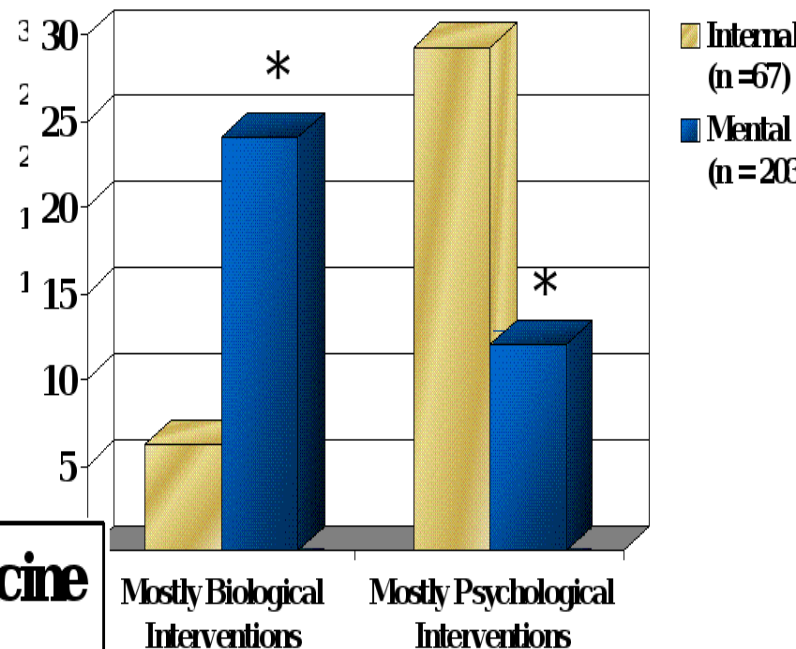
Rate the degree to which you believe  
"Persian Gulf Illness" is:



**Internal Medicine**  
(n=67)

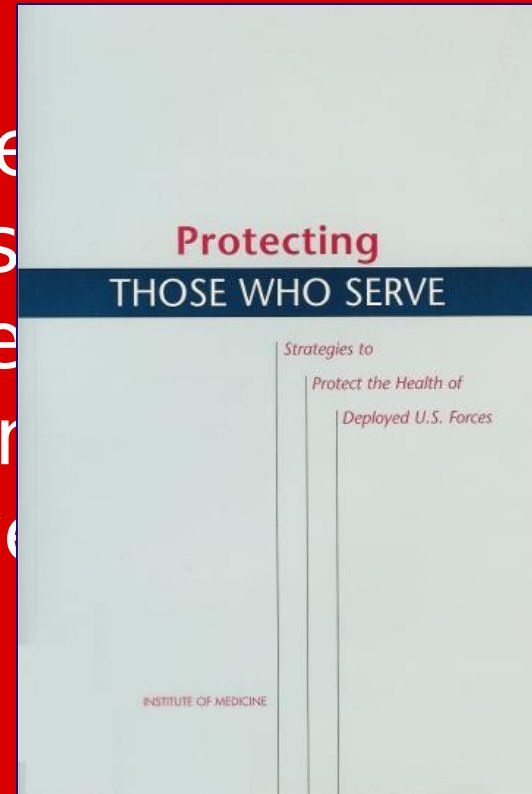
**Mental Health**  
(n=203)

Rate the degree to which you believe  
"Persian Gulf Illness," in general,  
is most effectively treated by:



# Institute of Medicine

**Strategy 5:** “Implement strategies to address medically unexplained physical symptoms in populations that have been deployed.”



Washington, DC, National Academy Press; 2008



# A DoD Center of Excellence

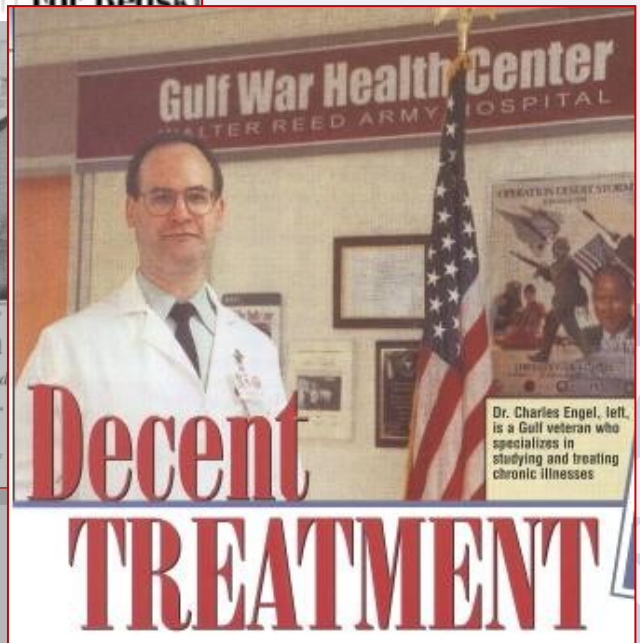
## Deployment Health Clinical

**Center**  
Mission: Improve post-deployment health care for DoD beneficiaries



**Soldiering On in the Face of Pain**  
Veterans Help Invent a Plan of Attack for Their Medical No Man's Land

By David S. Reardon  
A column of four articles  
A column of four articles  
A column of four articles  
A column of four articles



Located at Walter Reed Army Medical Center

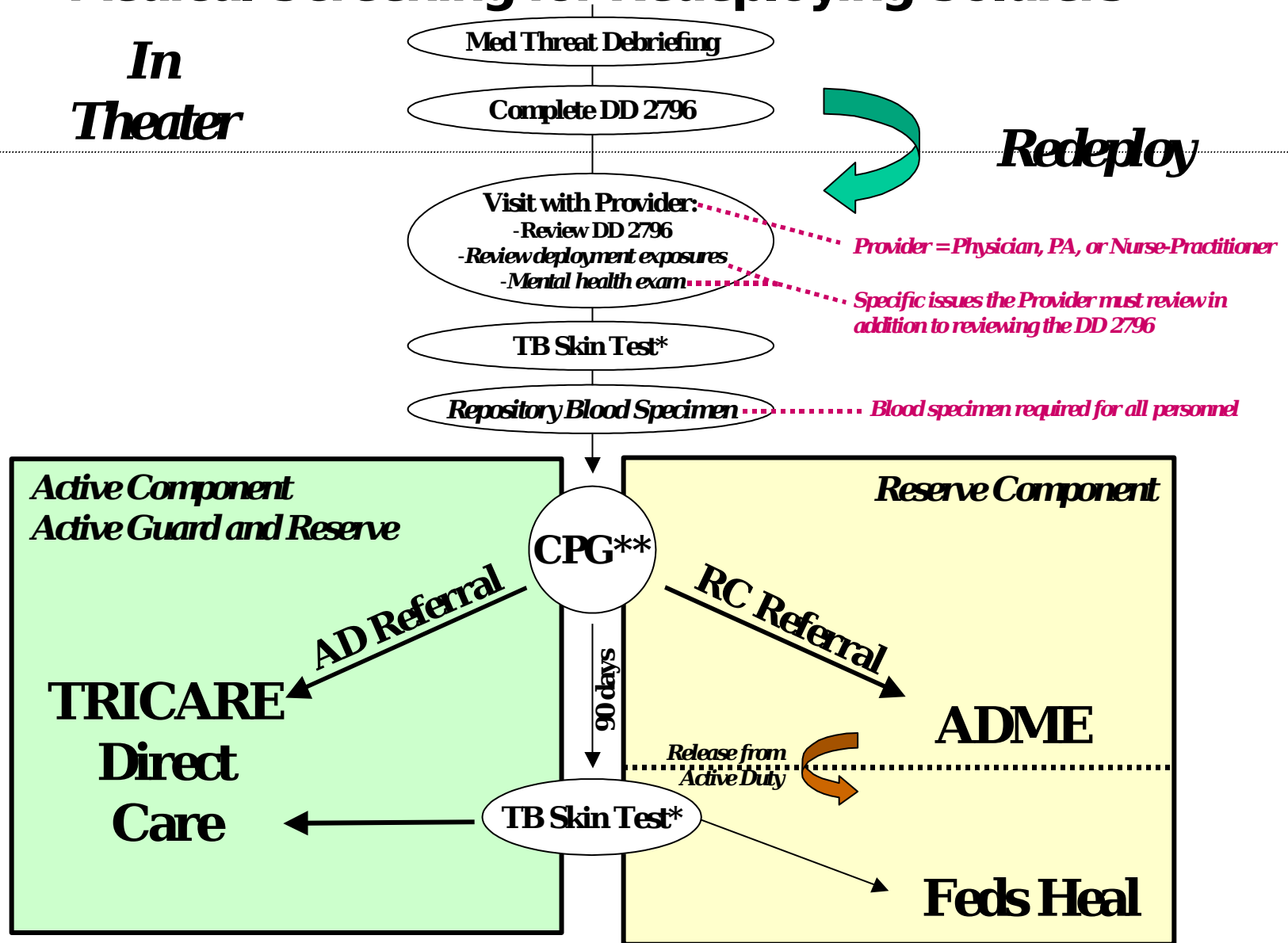
***How Can We Do Better?***



# Medical Screening for Redeploying Soldiers

*In  
Theater*

*Redeploy*



\*\*Clinical Practice Guideline  
4 Apr 03

\*Two visits, 48-72 hours apart

UNCLASSIFIED

**DoD-VA CLINICAL PRACTICE  
GUIDELINE ON  
*POST-DEPLOYMENT HEALTH  
EVALUATION &  
MANAGEMENT***



# Clinical Practice Guideline for Post-Deployment Health



- ♠ DoD/VA **P**ost-**D**eployment **H**ealth Evaluation and Management **C**linical **P**ractice **G**uideline (PDH-CPG)
  - Evidence-based guideline for the evaluation and management of patients with deployment-related health concerns/conditions in the primary care setting
  - Completed by an expert multi-disciplinary, multi-agency panel
  - Replaced Comprehensive Clinical Evaluation Program (CCEP)
  - Initiated with a worldwide satellite broadcast January 2002 and distribution of Tool Kits to all MTFs
  - No change since 2002 except new Toolboxes distributed to MTFs starting in July 2004 and coding guidance modified

# PDH-CPG Use Mandated by Health Affairs - April 2002



## THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1200

APR 2 2002

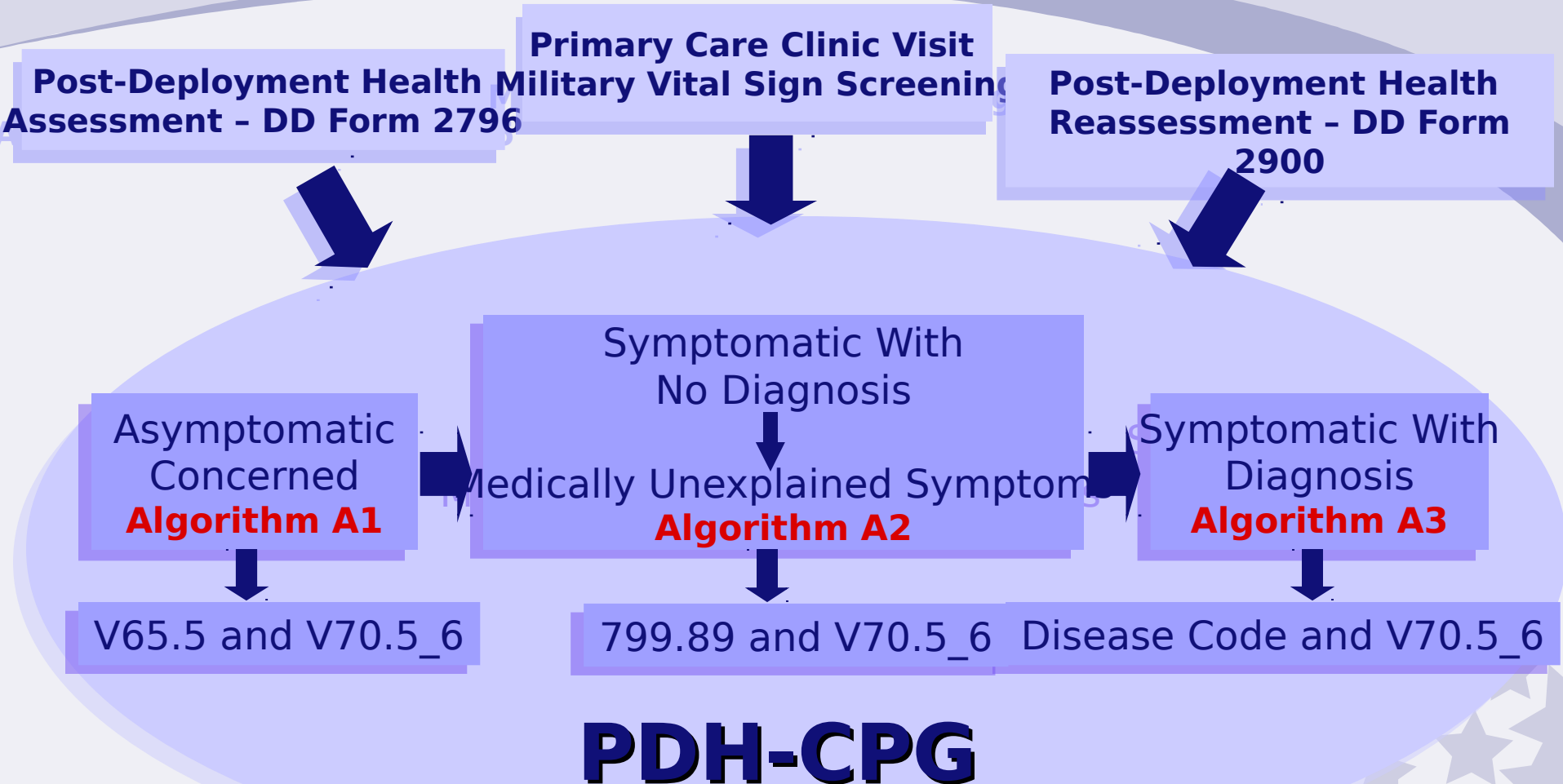
### HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND  
RESERVE AFFAIRS)  
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND  
RESERVE AFFAIRS)  
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER  
AND RESERVE AFFAIRS)

SUBJECT: Policy Memorandum -- Implementation of the Post-Deployment Health Clinical  
Practice Guideline

**“All DoD military treatment facilities should now be using the Post-Deployment Health Clinical Practice Guideline ...the military unique vital sign question ‘*Is the reason for your visit today related to a deployment?*’ should be asked of every patient...providers will review and employ, as needed, this guideline during their evaluations...”**

# Overview of PDH-CPG



# Key Features of PDH-CPG



- ♠ Military unique **vital sign** to identify deployment- related health concerns
- ♠ Clinically-based **risk communication**
- ♠ Use of an **algorithm-based stepped care** approach
- ♠ Emphasis on longitudinal **follow-up**
- ♠ Web-based **clinician support**
- ♠ Supporting **Center of Excellence**
- ♠ Metrics and outcomes **monitoring**



# Deployment-Related Question = Military Unique Vital Sign



- ♠ All persons should be asked “***Is your health concern today related to a deployment?***” at every primary care visit except wellness visits (e.g. periodic exams and preventive care)
- ♠ **Patient** rather than provider **determination**
- ♠ Role of Medical Screener
  - Ask military unique vital sign question
  - Document response in AHLTA or on stamped/overprinted SF600
  - Alert provider to “***yes***” or “***maybe***” responses
- ♠ Percentage of positive responses = 2.8% AD vs 0.2% FM in NQMP study published Dec 04

# Local Challenges

- ♠ **Identifying a champion:** clinical & administrative
- ♠ **Local gap analysis**
  - Implementing the **deployment-related screening question?**
  - Adhering to visit **coding?**
  - Assessing follow-up **metrics?**
  - Local Utilization Management/Informatics **support?**
  - Making provider & patient information available from the PDH-CPG **Toolbox?**
  - Obtaining risk communication **training?**
- ♠ **Receiving DHCC Newsletter?** Medical “Early Bird” for those who want to know what patients may be reading

# ***Risk Communication & Its Relevance for Clinicians***



# What is Risk Communication?



- ♠ An interactive process of exchange of information and opinion among individuals, groups, and institutions. It involves multiple messages about the nature of risk and other messages, not strictly about risk, that express concern, opinions, or reactions to risk messages or to legal and institutions arrangements for risk managers.

National Research Council, Committee on Risk Perception and Communication

# What is Risk Communication? (cont.)



- ♠ Building and maintaining relationships based on the effective exchange of technical and/or scientific information between concerned stakeholders about an actual or perceived risk

Risk Communication Team, U.S. Army Center for Health Promotion and Preventive Medicine

# What is Risk Communication? (cont.)



- ♠ A science-based approach for communicating effectively in
  - High concern
  - Low trust
  - Sensitive or
  - Controversial situations

Vincent Covello, Center for Risk Communication

# Gaining Trust and Credibility



- ♠ Difficult to gain and easy to lose
- ♠ Most important factors are
  - Empathy
  - Caring
  - Personal Commitment
  - Honesty
  - Openness
  - Expertise

# Risk Communication History



- ♠ Risk communication dates back to 1980s
- ♠ Interact with communities or groups
- ♠ Concern about health, safety, or environmental dangers
- ♠ Perception of peril to themselves & especially to their children



# Seven Rules of Risk Communication



- ♠ Rule 1. Accept and involve the recipient of information as a legitimate partner
- ♠ Rule 2. Plan carefully and evaluate performance
- ♠ Rule 3. Listen to your audience
- ♠ Rule 4. Be honest, frank, and open

# Seven Rules of Risk Communication (cont.)



- ♠ Rule 5. Coordinate and collaborate with other credible sources
- ♠ Rule 6. Plan for “Media” influence
- ♠ Rule 7. Speak clearly and with compassion



# Narrowing Risk Communication

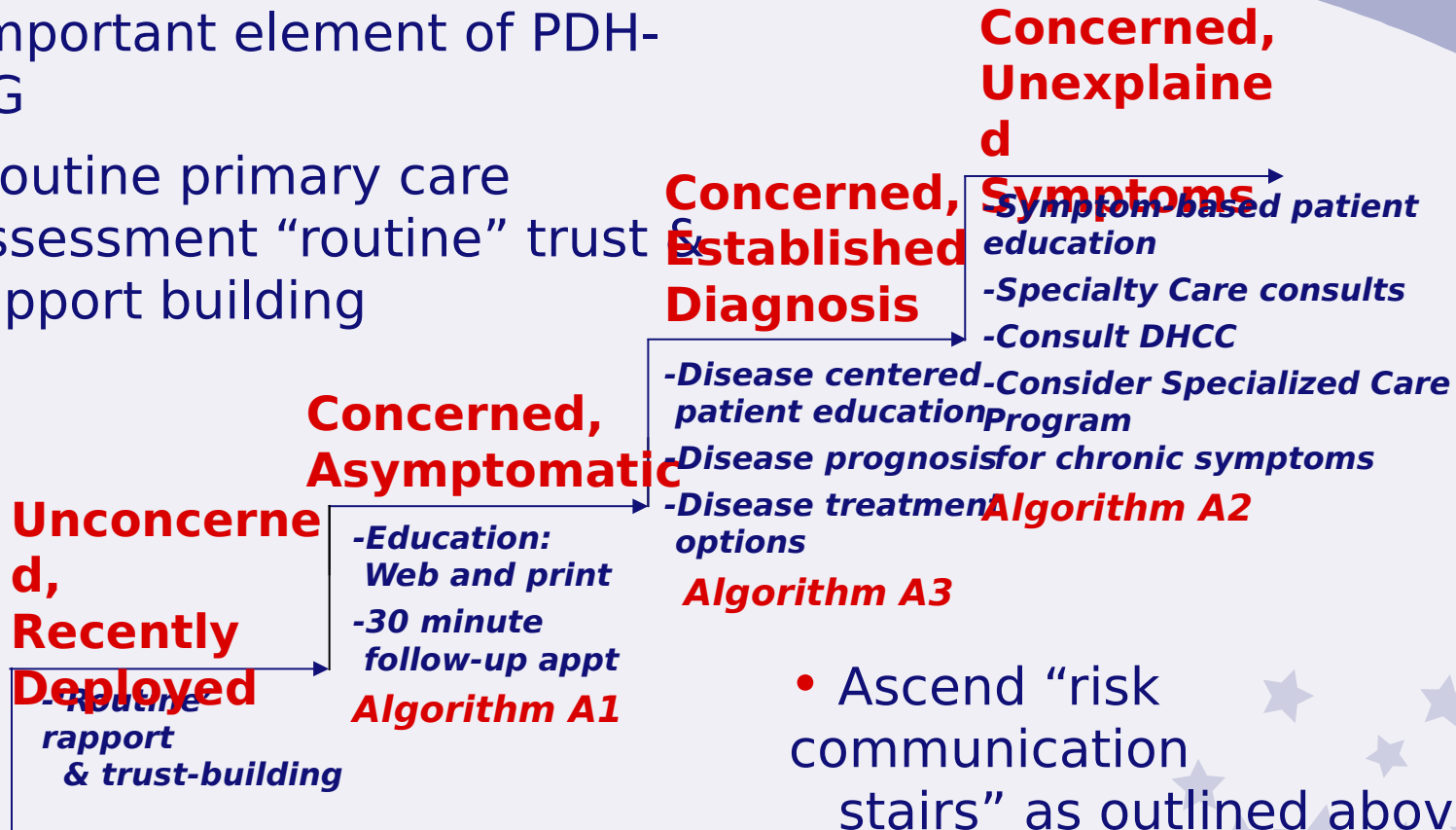


- ♠ Until recently, risk communication was used for groups and communities
- ♠ In a clinical setting, risk communication is used with small groups (e.g., family) or individuals
- ♠ Building trust and credibility remains crucial
- ♠ Fosters a good environment for communicating sensitive health risk information
- ♠ Listening is half of communication

# Stepped Risk Communication Strategy



- Important element of PDH-CPG
- Routine primary care assessment “routine” trust rapport building



- Ascend “risk communication stairs” as outlined above

# Clinical Practice Guidelines



- ♠ Risk communication is a central part of the guideline
- ♠ Routine primary care assessment – “routine” trust & rapport building
- ♠ Ascend “risk communication stairs” for:
  - Unconcerned patient, but recently deployed
  - Concerned patient with recognized disease
  - Concerned patient who is asymptomatic
  - Concerned patient with chronic unexplained symptoms

# Why Use Risk Communication?



- ♠ Allows transmission of relevant & accurate health information
- ♠ Increases patient & provider focus on relevant health risks
- ♠ Reduces unnecessary patient distress

# Benefits of Risk Communication



- ♠ Improves patient:
  - Acceptance and adherence to medical advice
  - Satisfaction with care
  - Confidence in provider & their relationship
  - Trust in the health care system
  - Functioning & health behaviors
  - Chances of returning to life roles
- ♠ Improves provider satisfaction with the process of delivering care

# What Risks Concern Patients?



- ♠ Risk of serious illness
- ♠ Risk of various outcomes (e.g., cure, death, disability)
- ♠ Risks of medical tests
- ♠ Risks of medical treatments
- ♠ Risk of workplace or environmental exposures



# Clinical Risk Communication

## ENVITE



- E-mpathy:** Listen actively. Confirm what you hear. Express concern. Convey genuine desire to assist.
- N-on confrontational:** Subordinate the need to be “right” to the obligation to relieve suffering. Don’t engage in arguing with patient.
- V-alidate:** Validate the patient’s decision to seek care.
- I-nform:** Offer data that addresses patient’s specific concerns presented in an understandable way.
- T-ake Action:** Describe options. Appropriate tests/labs. Schedule a follow-up. Research concerns. Consider consultation or second opinion, as needed.
- E-nlist Cooperation:** Negotiate an action plan with the patient rather than imposing one on him or her.

# Who Needs Risk Communication Expertise?



- ♠ Physician/Clinician
- ♠ Nurse
- ♠ Desk Clerk/Receptionist



# Risk Communication Summary



- ♠ Clinical risk communication involves low trust-high concern situations
- ♠ Trust and credibility are the heart of communicating health information to patients
- ♠ Value your patients views and beliefs

***Post-Deployment Health  
Clinical Practice Guideline  
Tools & Application***



# Worldwide Web Support for Post-Deployment Health Care

## www.PDHealth.mil



- ♣ Information on deployments
- ♣ PDH-CPG
  - MDD-CPG
  - MUS-CPG
  - PTSD-CPG
- ♣ Specific diseases and emerging health concerns
- ♣ Online clinical tools
- ♣ Provider and patient education materials
- ♣ News and information library



# PDH-CPG Web-Based Tools

## www.PDHealth.mil



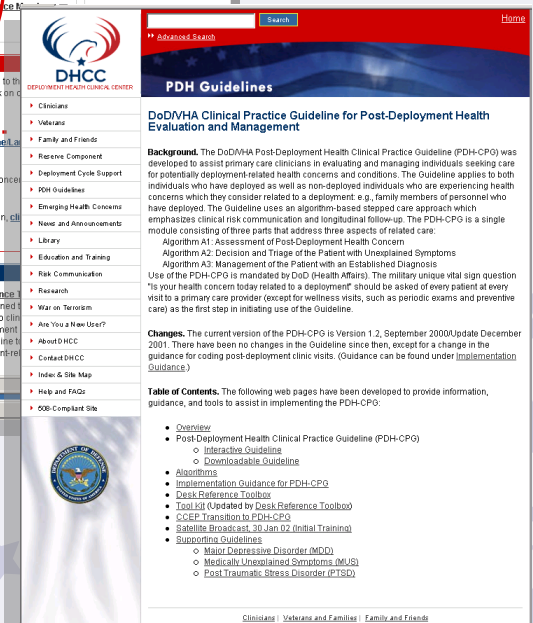
### ♠ PDH Guidelines

- Overview
- Guideline
- Algorithms
- Implementation
- Desk Reference Toolbox
- Tool Kit (Updated by Toolbo
- CCEP Transition
- Broadcast, 30 Jan 2002
- Supporting Guidelines
  - Major Depressive Disorder
  - Medically Unexplained Symptoms
  - Post Traumatic Stress Disorder

### Home Page



### PDH Guidelines



# PDH-CPG Desk Reference Toolbox



- ♠ Desktop-Sized Laminated Box
  - Desk Reference Cards
  - Compact Discs
    - Interactive PDH-CPG
    - MEDCOM CD of Other CPGs
    - 2 PDH-CPG Training CDs
- Sample Clinician and Patient Brochure
- Various materials from the Center's Information

Contact Information and Resources
PDH-CPG Guideline Elements
Specific Medical Conditions and Concerns
Risk Communication
Screening and Outcome Measures
Training
Process Improvement and Metrics



Contents on [www.PDHealth.mil](http://www.PDHealth.mil)

- ♠ Distributed 1 per primary care provider in every military medical treatment facility starting July 2004

# Deployment Health News



- ♠ Email newsletter each business day
- ♠ Deployment-related news articles
- ♠ To subscribe, sign up at:  
[www.pdhealth.mil/nl\\_signup.asp](http://www.pdhealth.mil/nl_signup.asp)

**Deployment Health News**  
DHCC's Daily Online Newsletter

August 30, 2006

**ARCHIVE**

8/20/2006  
8/23/2006  
8/28/2006  
8/25/2006  
8/24/2006

**More Information**

For more deployment health information visit DHCC Web site [www.pdhealth.mil](http://www.pdhealth.mil)

To contact Deployment Health Clinical Center, call 800.796.9699 or [click here](#).

To subscribe to Deployment Health Daily News, [click here](#).

To discontinue Deployment Health Daily News, [click here](#).

**DEPARTMENT OF DEFENSE**  
UNITED STATES OF AMERICA

**Iraqi hospitals are war's new 'killing fields'**  
*Medical sites targeted by Shiite militiamen*  
In Baghdad these days, not even the hospitals are safe. In growing numbers, sick and wounded Sunnis have been abducted from public hospitals operated by Iraq's Shiite-run Health Ministry and later killed, according to patients, families of victims, doctors and government officials. As a result, more and more Iraqis are avoiding hospitals, making it even harder to preserve life in a city where death is seemingly everywhere.  
**Source : MSNBC ★**

**Spouses say community helping Baumholder cope**  
*War and separations have strained 1st AD families*  
Most people soldier on. But three years of war, long separations from family and fallen friends are starting to take a toll on the home front. Add a lack of information and communication, fears of an extension, base budget cuts and ongoing transformation, you'd think you'd have a perfect storm of angst at this Army base. Yet, even the most dissatisfied say a sense of community — often missing other places — seems to hold this 1st Armored Division post together.  
**Source : Stars and Stripes ★**

**Guard families cope in two dimensions**  
*'Flat Daddy' cutouts ease longing*  
Maine National Guard members in Iraq and Afghanistan are never far from the thoughts of their loved ones. But now, thanks to a popular family-support program, they're even closer. Welcome to the "Flat Daddy" and "Flat Mommy" phenomenon, in which life-size cutouts of deployed service members are given by the Maine National Guard to spouses, children, and relatives back home. The Flat Daddies ride in cars, sit at the dinner table, visit the dentist, and even are brought to confession, according to their significant others on the home front.  
**Source : Boston Globe ★**

**Program Helps Wounded Vets Find New Jobs**  
Severely injured servicemembers and their spouses are seeing doors open to meaningful civilian careers, thanks to a partnership between the Defense Department and the private sector.  
**Source : Blackanthem.com ★**

**Study: Storm survivors find will to live**  
In a testament to the resilience of the human spirit, a new survey reveals that the traumatized survivors of Hurricane Katrina forged a surprisingly powerful inner strength that steered them against suicidal despair. The study is the most elaborate post-storm survey yet. It shows that while the survivors suffered twice as much mental illness as the pre-storm population, they contemplated suicide far less often than mentally ill people surveyed before Katrina.  
**Source : USA Today ★**

**Japanese med students shadow doctors at Misawa**  
*Program exposes students to different attitude toward care*  
In just less than two weeks, fifth-year medical student Chihiro Nakazawa has shadowed specialists in orthopedics, general surgery and anesthesia, and she's even observed her first baby delivery during a summer internship at the Misawa base hospital.  
**Source : Stars and Stripes ★**



# Deployment Cycle Support (DCS) Scenario - 12 May 03



Personnel and situation:

## ♠ **SSG Ira Freedom**

- 29 y/o male stationed at Ft Carson
- Married, wife (Patience), 8 y/o son, 4 y/o daughter
- In SWA for 90 days
  - In Kuwait and Iraq as part of OEF and OIF
  - Saw 2 weeks in combat, including heavy resistance in Baghdad & urban warfare
  - No significant medical history prior to deployment
- Anticipates redeployment on 15 May

# Deployment Cycle Support (DCS) Scenario - 12 May 03 (cont.)



- ♠ SSG Freedom's friends in Iraq
  - Formed bond due to similar history
  - **SSG Reserve**, a mobilized reservist
  - **Mr. Seville**, a deployed federal civil service employee
  - **Ms. Cross**, a Red Cross Volunteer
  - **Ed Itor**, an embedded journalist
  - All going back on 15 May
  - **SSG Natalie Guard**, a mobilized National Guard member and SSG Freedom's sister, currently deployed to Denver airport, will meet him when he returns

# Redeployment

## ***Task: In-Theater Medical Out-Processing***

### **1. Task:** In-Theater Medical Out-processing

- ♠ **When:** Within 30 days prior to redeployment
- ♠ **Who:** CFLCC (Coalition Forces Land Component Command) medical assets
  - Credentialed provider
- ♠ **Tools:**
  - DD Forms 2766, 2795, 2796
    - Paper, fillable PDF, and electronic
  - Medical threat debrief - on CHPPM and PDHealth.mil websites
  - Med threat info sheet - also on both websites
  - Medical prophylaxis - malaria, others
- ♠ **Aids:** Consult helpline, patient education materials, email CHPPM POC in-theater

# Redeployment - Soldiers, Federal Personnel

## **Task: In-Theater Medical Out-**



P Medical Debrief	Soldier receives medical threat debrief (CHPPM website)
Medical Threat Information Sheet	Soldier receives two medical threat tri-folds (one medical, one family - CHPPM website)
Soldier completes DD2796	Can fill in front sections independently or with assistance from medical screener
Medical exam	Face-to-face encounter with provider; review, complete 2796; document exposures, physical & mental concerns
Terminal Prophylaxis	Determine/provide malaria and other prophylaxis needs
Provider referrals	Determine and initiate referral to PCM for PDH-CPG based care
Document visit and sign DD 2796	ICD-9 Code V70.5_E and other codes as needed; provider signs completed DD2796
Integrate D2796	Deployable health record, DD2766, should be

# Enhanced PDHA Process

## www.PDHealth.mil



- ♠ Guidance for Completing DD Form 2796
- ♠ PDHA Policies & Directives
- ♠ Deployment Exposures Information
- ♠ Redeployment Briefing
- ♠ PDHA Training Videos

The screenshot displays the DHCC website with a navigation menu on the left and several content sections. The navigation menu includes links for Clinicians, Veterans, Family and Friends, Reserve Component, Deployment Cycle Support, PDH Guidelines, Emerging Health Concerns, News and Announcements, Library, Education and Training, Risk Communication, Research, War on Terrorism, Are You a New User?, About DHCC, Contact DHCC, Index & Site Map, Help and FAQs, and a 508-Compliant Site.

The main content area features a search bar and a 'Home' link. Below this, there are sections for 'Enhanced Post-Deployment Health Assessment (PDHA) (DD Form 2796)', 'Information on Deployment Exposures (DD Form 2796 Questions 14 & 18)', and 'DD Form 2796 Primer: Post-Deployment Health Assessment (PDHA)'. The 'Information on Deployment Exposures' section lists various hazards such as DEET Insect Repellent, Pesticide-treated Uniforms, Environmental Pesticides, Flea or Tick Collars, Pesticide Strips, Smoke from Oil Fire, Smoke from Burning Trash or Faces, Vehicle or Truck Exhaust Fumes, Tent Heater Smoke, JP8 or Other Fuels, Fog Oils, Solvents, Paints, Ionizing Radiation, Radar/Microwaves, Lasers, Loud Noises, Excessive Vibration, Industrial Pollution, Sand/Dust, Depleted Uranium, Chemical Warfare Agents, Biological Warfare Agents, Radiological Warfare Agents, and Related Links.

The 'DD Form 2796 Primer' section provides detailed information about the form, including its purpose, completion requirements, and the roles of various personnel involved in the process. It also includes a section for 'DEPLOYMENT EXPOSURES' and 'DEET INSECT REPELLENT'.

Toolbox DD2796

*Please answer all questions in relation to THIS deployment*

1. Did your health change during this deployment?
- ☐ Health stayed about the same or got better
- ☐ Health got worse
2. How many times were you seen in sick call during this deployment?
- |  |  |
|--|--|
|  |  |
|--|--|

 No. of times
3. Did you have to spend one or more nights in a hospital as a patient during this deployment?
- ☐ No
- ☐ Yes, reason/dates: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
5. Did you receive any vaccinations just before or during this deployment?
- ☐ Smallpox (leaves a scar on the arm)
- ☐ Anthrax
- ☐ Botulism
- ☐ Typhoid
- ☐ Meningococcal
- ☐ Other, list: \_\_\_\_\_
- ☐ Don't know
- ☐ None
5. Did you take any of the following medications during this deployment?
- (mark all that apply)*
- ☐ PB (pyridostigmine bromide) nerve agent pill
- ☐ Mark-1 antidote kit
- ☐ Anti-malaria pills
- ☐ Pills to stay awake, such as dexedrine
- ☐ Other, please list \_\_\_\_\_
- ☐ Don't know

6. Do you have any of these symptoms now or did you develop them anytime during this deployment?

No	Yes During	Yes Now	No	Yes During	Yes Now
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Chronic cough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Chest pain or pressure
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Runny nose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Dizziness, fainting, light headedness
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Difficulty breathing
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Still feeling tired after sleeping
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Difficulty remembering
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Swollen, stiff or painful joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Diarrhea
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Frequent indigestion
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Muscle aches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Vomiting
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Numbness or tingling in hands or feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Ringing of the ears
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Skin diseases or rashes			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Redness of eyes with tearing			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Dimming of vision, like the lights were going out			

7. Did you see anyone wounded, killed or dead during this deployment?  
(mark all that apply)
- ☐ No ☐ Yes - coalition ☐ Yes - enemy ☐ Yes - civilian
8. Were you engaged in direct combat where you discharged your weapon?
- ☐ No ☐ Yes ( ☐ land ☐ sea ☐ air )
9. During this deployment, did you ever feel that you were in great danger of being killed?
10. Are you currently interested in receiving help for a stress, emotional, alcohol or family problem?
- ☐ No ☐ Yes
11. Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?
- | <u>None</u>           | <u>Some</u>           | <u>A Lot</u>   |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Little interest or pleasure in doing things                                |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Feeling down, depressed, or hopeless                                       |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Thoughts that you would be better off dead or hurting yourself in some way |

# DD Form 2796 Post-Deployment Health Assessment - Pages 3 & 4



12. Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you ....

No Yes

- ☐ ☐ Have had any nightmares about it or thought about it when you did not want to?
- ☐ ☐ Tried hard not to think about it or went out of your way to avoid situations that remind you of it?
- ☐ ☐ Were constantly on guard, watchful, or easily startled?
- ☐ ☐ Felt numb or detached from others, activities, or your surroundings?

13. Are you having thoughts or concerns that ...

No Yes Unsure

- ☐ ☐ ☐ You may have serious conflicts with your spouse, family members, or close friends?
- ☐ ☐ ☐ You might hurt or lose control with someone?

14. While you were deployed, were you exposed to:  
(mark all that apply)

No Sometimes Often

- |                       |                       |                       |  |
|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | DEET insect repellent applied to skin        |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Pesticide-treated uniforms                   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Environmental pesticides (like area fogging) |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Flea or tick collars                         |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Pesticide strips                             |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Smoke from oil fire                          |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Smoke from burning trash or feces            |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Vehicle or truck exhaust fumes               |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Tent heater smoke                            |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | JPB or other fuels                           |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Fog oils (smoke screen)                      |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Solvents                                     |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Paints                                       |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Ionizing radiation                           |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Radar/microwaves                             |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Lasers                                       |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Loud noises                                  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Excessive vibration                          |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Industrial pollution                         |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Sand/dust                                    |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Depleted Uranium (If yes, explain) _____     |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Other exposures _____                        |

15. On how many days did you wear your MOPP over garments?

No. of days

16. How many times did you put on your gas mask because of alerts and NOT because of exercises?

No. of times

17. Were you in or did you enter or closely inspect any destroyed military vehicles?

☐ No ☐ Yes

18. Do you think you were exposed to any chemical, biological, or radiological warfare agents during this deployment?

☐ No ☐ Don't know  
☐ Yes, explain with date and location \_\_\_\_\_

## Health Care Provider Only

SERVICE MEMBER'S SOCIAL SECURITY #  -  -

### Post-Deployment Health Care Provider Review, Interview, and Assessment

#### Interview

1. Would you say your health in general is: ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor
2. Do you have any medical or dental problems that developed during this deployment? ☐ Yes ☐ No
3. Are you currently on a profile or light duty? ☐ Yes ☐ No
4. During this deployment have you sought, or do you now intend to seek, counseling or care for your mental health? ☐ Yes ☐ No
5. Do you have concerns about possible exposures or events during this deployment that you feel may affect your health? ☐ Yes ☐ No  
Please list concerns: \_\_\_\_\_
6. Do you currently have any questions or concerns about your health? ☐ Yes ☐ No  
Please list concerns: \_\_\_\_\_

#### Health Assessment

After my interview/exam of the service member and review of this form, there is a need for further evaluation as indicated below. [More than one may be noted for patients with multiple problems. Further documentation of the problem evaluation to be placed in the service member's medical record.]

#### REFERRAL INDICATED FOR:

- ☐ None
- ☐ Cardiac
- ☐ Combat/Operational Stress Reaction
- ☐ Dental
- ☐ Dermatologic
- ☐ ENT
- ☐ Eye
- ☐ Family Problems
- ☐ Fatigue, Malaise, Multisystem complaint
- ☐ Audiology

#### EXPOSURE CONCERNS (During deployment):

- ☐ GI
- ☐ GU
- ☐ GYN
- ☐ Mental Health
- ☐ Neurologic
- ☐ Orthopedic
- ☐ Pregnancy
- ☐ Pulmonary
- ☐ Other \_\_\_\_\_
- ☐ Environmental
- ☐ Occupational
- ☐ Combat or mission related
- ☐ None

Comments: \_\_\_\_\_

I certify that this review process has been completed.  
Provider's signature and stamp:

This visit is coded by V70.5 \_\_ 6

Date (dd/mm/yyyy)

End of Health Review

DD FORM 2796, APR 2003

ASD(HA) APPROVED

DD FORM 2796, APR 2003

Reset



Reset





# Mental Health Items (DD2796)



Additional clarification of history directed by the screening provider's clinical suspicion is mandated for anyone who reports:

- A desire for assistance (**item 10**)
- ANY concerns about self-harm (**item 11c**)
- “A LOT” to any of the other depression screening items (**item 11**)
- Two or more of the acute stress disorder/post-traumatic stress disorder screening items (**item 12**) OR
- ANY concerns over loss of control (**item 13b**)



# Redeployment - Soldiers, Federal Personnel

## **Task: In-Theater Medical Out-**



P Medical Debrief	Soldier receives medical threat debrief (CHPPM website)
Medical Threat Information Sheet	Soldier receives two medical threat tri-folds (one medical, one family - CHPPM website)
Soldier completes DD2796	Can fill in front sections independently or with assistance from medical screener
Medical exam	Face-to-face encounter with provider; review, complete 2796; document exposures, physical & mental concerns
Terminal Prophylaxis	Determine/provide malaria and other prophylaxis needs
Provider referrals	Determine and initiate referral to PCM for PDH-CPG based care
Document visit and sign DD2796	ICD-9 Code V70.5_E and other codes as needed; provider signs completed DD2796
Integrate DD2796	Deployable health record, DD2766, should be

# Redeployment - Soldiers and Civil Service

## **Task: Home Station/Demob Medical**

### **Processing**

**16 May, Day of Return**



## **2. Task: Home Station Medical Processing**

- ♠ **When:** Within 30 days post redeployment
- ♠ **Who:** Credentialed provider - Homer Station, MD
  - Assistance - LPN Grace, contract screener, or SSG Whiskey
- ♠ **Tools:**
  - DD Forms 2766, 2796, 2795, SF600 with stamp, Medical Record, CHCS pick list
  - Medical threat debriefing - on CHPPM and PDHealth.mil websites
  - Medical threat information sheet - also on website
  - Medical prophylaxis - malaria, others
- ♠ **Aids:** Toll-free help line numbers
  - ♠ Medical consult helpline 1-866-559-1627
  - ♠ Patient education helpline - especially helpful for

# Redeployment - Soldiers and Civil Service

## **Task: Home Station/Demob Medical**



<b>P</b> Medical Debrief	Ensure soldier has received medical threat debrief (CHPPM website)
Medical Threat Information Sheet	Ensure soldier received two medical threat tri-folds (one medical, one family - CHPPM website)
Review medical documentation	Review documents with soldier; has the DD2796 been completed and signed and inserted into DD2766?
Medical exam with provider, as needed	If DD2796 is not completed or present: Face-to-face encounter; review/complete DD2796; document exposures, physical & mental concerns; code V70.5_E and other codes as needed; sign
Terminal Prophylaxis	If not completed in theater: Determine/provide malaria and other prophylaxis needs
Blood and TB	Blood sample taken for HIV and Serum Repository; TB/PPD immediately and again 90 days post-deployment
Provider referrals	For all: Determine need from documentation or exam; ensure referral to PCM for PDH-CPG based care
Integrate DD2796 and DD2766	Integrate all deployment health documents into permanent medical record: mail copy <b>or</b> send

# Redeployment - Reserve Component

## Task: Additional RC Medical

Medical benefit/entitlement benefit	Ensure each RC soldier receives medical benefit/entitlement brief on <a href="http://www.pdhealth.mil/reservist/personnel">www.pdhealth.mil/reservist/personnel</a> and ( <a href="http://www.defenselink.mil/ra/documents/family/demob.ppt">http://www.defenselink.mil/ra/documents/family/demob.ppt</a> )
Soldier completes DD Form 2697	All personnel released from AD (REFRAD) must complete MEDICAL ASSESSMENT, DD2697 (on PDHealth.mil website)
Health Record Review	Provider reviews DD 2697 and other documentation to identify health problems that require additional follow-up
Soldier must actively decline medical exam	Physical exam is part of DD2697; default is do the exam unless soldier declines
Complete routine demob medical processing	Complete medical processing as in AD scenario; refer to PCM as needed for PDH-CPG-based follow-up
LOD required	Determine if Line of Duty (LOD) determination is required; initiate LOD as needed
ADME requirement	Determine if Active Duty Medical Extension is required

# Redeployment

## ***NGO and Civilian, Non-Government Personnel***



### ♠ **Contractors** – non-federal workers

- Covered under health insurance of their contracting company; occupational medicine and PM only if part of contract
- Private and network health care providers can get information about guideline-based care through help-line and website
  - Also TRICARE network and VA providers can access info

### ♠ **NGO Personnel Policies**

- Red Cross, USO, and other non-government personnel are not included in the demobilization, medical processing, or follow-up medical care
- Can be exceptions with Secretary of the Army designee status

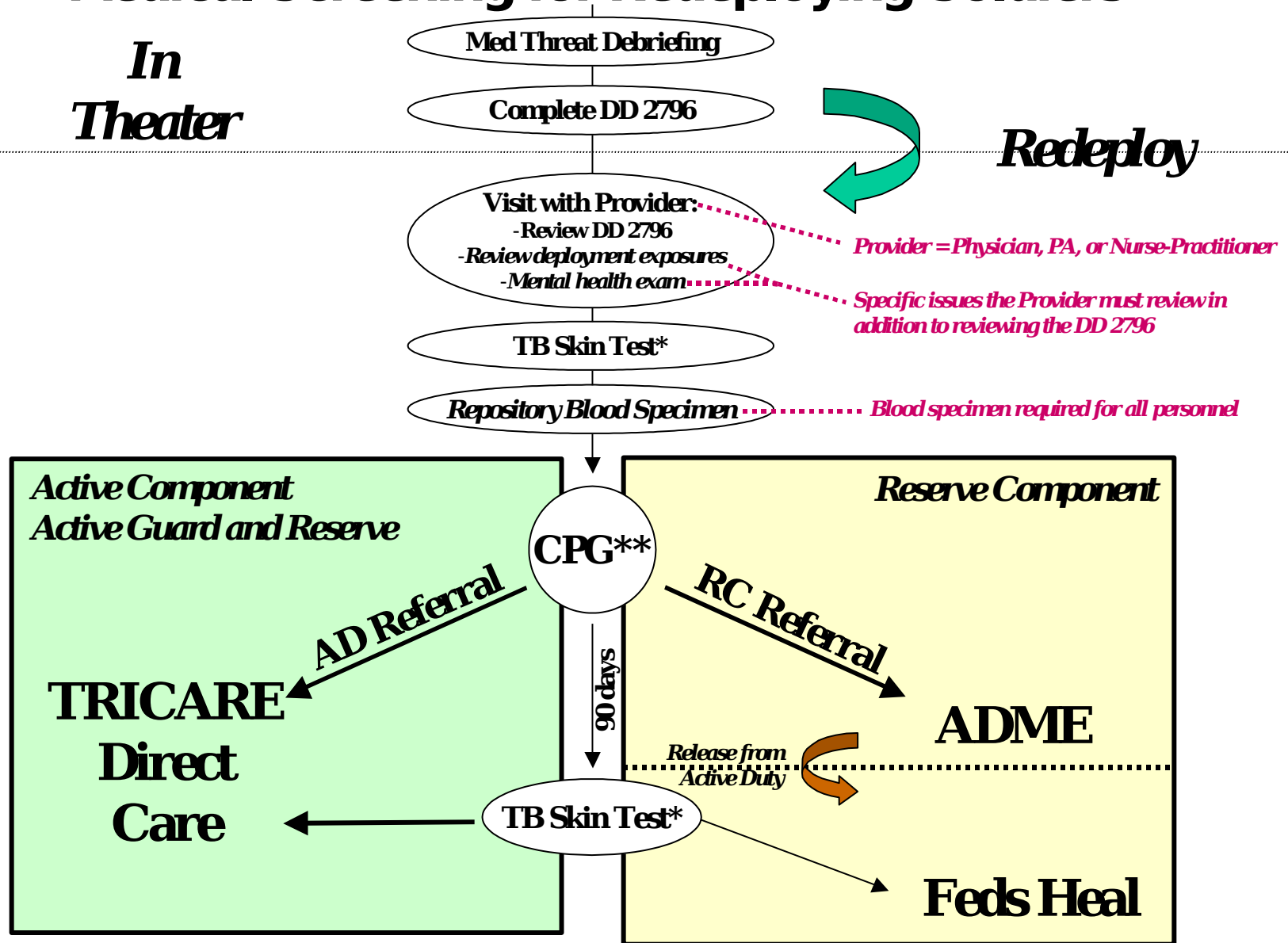
### ♠ **Embedded journalists**

- A new population
- Not a military health care beneficiary group

# Medical Screening for Redeploying Soldiers

*In  
Theater*

*Redeploy*



\*\*Clinical Practice Guideline  
4 Apr 03

\*Two visits, 48-72 hours apart

UNCLASSIFIED

# Redeployment

## ***Task: Primary Care PDH-CPG DD 2796 Follow-up***



### 3. **Task:** Primary Care PDH-CPG DD 2796 Follow-up

- ♠ **When:** Should follow ASAP from ID during demob process
  - Recommend NLT 7 days of reintegration, may need immediate
  - Sick call vs. appointment process for large groups
- ♠ **Who:**
  - Receptionist - Harmony
  - Medical screener/LPN: SSG Whiskey or LPN Grace
  - Primary Care Manager – Dr. Station
- ♠ **Tools:**
  - SF600 with screening question or stamp
  - Toolbox PDH Clinic Visit Desk Reference Card
  - DD Form 2844 (optional)
- ♠ **Aids:**
  - Web site and algorithms; ENVITE mnemonic
  - Prior training and role play of situations

# Toolbox Reference Cards

## *PDH Clinic Visit*



♠ Provides **guidance for training screeners** about the deployment-related question

- How to ask the question
- Emphasizes that deployment is not necessary to have PDH concerns
- How to respond to patients' questions

### PDH Concerns Clinic Visit Guidance

**How to ask the question: "Is your health concern today related to a deployment?"**

Focus on chief complaint rather than if patient has any PDH complaints

**Deployment is not necessary for patient to have PDH concerns**

- Spouse or child may have concern related to sponsor's recent deployment
- Patient may have questions about future or past deployments
- Ask this question whether patient is active duty, retired, family member, veteran, deployed or non-deployed

**How to respond to patients questions**

1) "What do you mean?" or "What do you mean, deployment-related?"

Goal is to record patient's perception of deployment-relatedness not your own

- To help patient answer, ask if patient or a loved one has been deployed.  
If so, is today's visit related to that deployment
- Review examples of deployment concern or condition (see reverse)
- 2) "What is deployment?" Avoid narrow definitions of deployment. Offer a few examples (see reverse), and return to the question: "Do you feel your health concern today is related to deployment?"
- 3) "I don't know"
- When in doubt



### PDH Concerns Clinic Visit Guidance (Side Two)

#### Deployment Examples

##### Overseas Deployment

- Military liaison and training support
- Humanitarian assistance
- Low-intensity conflict
- Peacekeeping
- Joint or coalition force exercises
- Combat/War

##### Within the US

- Fighting forest fires
- Maintaining civil order
- Construction projects
- Providing disaster relief
- Responding to terrorist attack
- Drug interdiction
- Airport security

#### Deployment-Related Concern or Condition Examples

- Deployed man twists his ankle; injury persists after returning home
- Post-deployed woman blood-donor expresses concern about donating
- Although not deployed, man is concerned about effects of vaccine
- Spouse complains of rash after washing clothes worn by member while deployed
- While deployed, woman suffers a toxic exposure and later gets sick from it
- Spouse complains that her child is having nightmares since member returned from combat





# DD Form 2844 - Post Deployment Medical Assessment Form and

## Primer

- ♠ Optional form
- ♠ Used in place of SF 600 for documenting post-deployment evaluation
- ♠ Form available and can be completed on line at [www.PDHealth.mil](http://www.PDHealth.mil)



## DD Form 2844

The image shows the DD Form 2844, titled "MEDICAL RECORD - POST DEPLOYMENT MEDICAL ASSESSMENT". It is a comprehensive form for documenting a patient's medical history and current status after deployment. The form is divided into several sections:

- Section I - Patient Information:** Includes fields for patient name, date of birth, sex, race, and service number.
- Section II - Medical History:** Contains a detailed medical history section with checkboxes for various conditions such as hypertension, diabetes, asthma, and mental health issues.
- Section III - Physical Examination:** Includes a section for the physical exam, with checkboxes for various body systems like head/neck, chest, abdomen, and extremities.
- Section IV - Laboratory and Diagnostic Tests:** Includes a section for laboratory and diagnostic tests, with checkboxes for various tests like blood chemistry, urinalysis, and imaging studies.
- Section V - Treatment and Management:** Includes a section for treatment and management, with checkboxes for various treatments like medications, surgery, and physical therapy.
- Section VI - Patient Information:** Includes a section for patient information, with checkboxes for various patient characteristics like age, sex, and race.
- Section VII - Health Care Provider Information:** Includes a section for health care provider information, with checkboxes for various provider characteristics like name, title, and specialty.

The form is designed to be completed by a health care provider and is used to document a patient's medical history and current status after deployment. It is a critical tool for ensuring that patients receive the appropriate medical care and support after deployment.

### DD Form 2844 Primer (Side Two)

#### Form Structure and Completion Roles and Responsibilities (Cont.)

- Section II—Medical History, Assessment, Diagnosis and Treatment (Items 20-29): health care provider or screener and comprises:
  - Part A—History of Present Illness
  - Part B—Directed Physical Exam
  - Part C—Diagnosis
  - Part D—Treatment Plan
  - Part E—Referral
  - Part F—Follow-up Appointment
- May include information from other completed questionnaires, for example:
  - PTSD Checklist (PCL)
  - Patient Health Questionnaire (PHQ)
  - Short Form 36 (SF-36)
  - Post-Deployment Health Clinical Assessment Tool (PD-CAT)

#### Form Processing

- The health care provider should facilitate appropriate referrals and follow-up based on response.
- Original DD 2844 form should be placed in the patient's permanent medical record.

#### Follow-up and Ongoing Care

- All military health system beneficiaries with health concerns they believe are deployment-related, regardless of time of identification, are encouraged to seek medical care.
- Patients should be asked, "Is your health concern today related to a deployment?"
- If the patient replies "yes," the provider should follow the Post-Deployment Health Clinical Assessment (PDHCP) available through the DHCC and [www.PDHealth.mil](http://www.PDHealth.mil).

DHCC Clinicians Helpline: 1 (866) 556-1627 DSN: 662-6563 [www.PDHealth.mil](http://www.PDHealth.mil)  
PDHCP Tool Kit Pocket Cards Version 1.0 December 2003

### DD Form 2844 Primer

#### DD Form 2844 Primer: Post-Deployment Medical Assessment

The *Post-Deployment Medical Assessment Form (DD 2844)* is a voluntary form used for patients presenting with post-deployment health care concerns in a primary care setting. The form facilitates outpatient treatment documentation by annotating key aspects in the assessment, management, and treatment of patients with deployment-related health concerns.

- DD 2844 may be used in lieu of SF 600 only for patients with deployment-related health concerns
- DD 2844 does not take the place of the DD 2796 (See DD 2796 Primer)
- DD 2844 use is determined by Service-specific and local clinic policy

#### Form Structure and Completion Roles and Responsibilities

- Section I—Patient Vital Signs (Items 1–13) is completed by the health care provider or screener and comprises vital signs, demographics, tobacco use, allergies, special work status, and duty title
- Section II—Patient Information (Items 14–19) is completed by the patient or health care provider or screener from patient responses and comprises patient symptoms, deployment history, concerns, medication and immunizations, additional demographics, and privacy statement and signatures

DHCC Clinicians Helpline: 1 (866) 556-1627 DSN: 662-6563 [www.PDHealth.mil](http://www.PDHealth.mil)  
PDHCP Tool Kit Pocket Cards Version 1.0 December 2003

DD 2844 Primer

# Redeployment

**Task: Primary Care PDH-CPG DD 2796**



## **Follow-up (cont.)**

### **3. Process: Primary Care PDH-CPG DD 2796 Follow-up**

- ♠ SSG Freedom reports, as instructed, to PC on 17 May
  - Persistent cough, congestion; fears SARS (Severe Acute Respiratory Syndrome)
- ♠ SSG Guard reports to PC on same day, with same sx, concerned because of work at the airport
- ♠ Greeted courteously by Receptionist, Harmony
  - Vignette

# Redeployment

## **Task: Primary Care PDH-CPG DD 2796 Follow-up (cont.)**



### **3. Process: Primary Care PDH-CPG DD 2796 Follow-up**

- ♠ **Medical screener/LPN:** SSG Whiskey or LPN Grace
  - Asks deployment-related “vital sign”
  - "Is your problem today related to a deployment?"
  - Marks “yes” in AHLTA or on stamped or pre-printed SF600
  - Alerts provider to “yes” response
    - Original DD Form 2796 in permanent medical record
    - Color coded forms or folders have been used
    - DD Form 2844 on follow-up appointment

# Redeployment

## ***Task: Primary Care PDH-CPG DD 2796 Follow-up (cont.)***

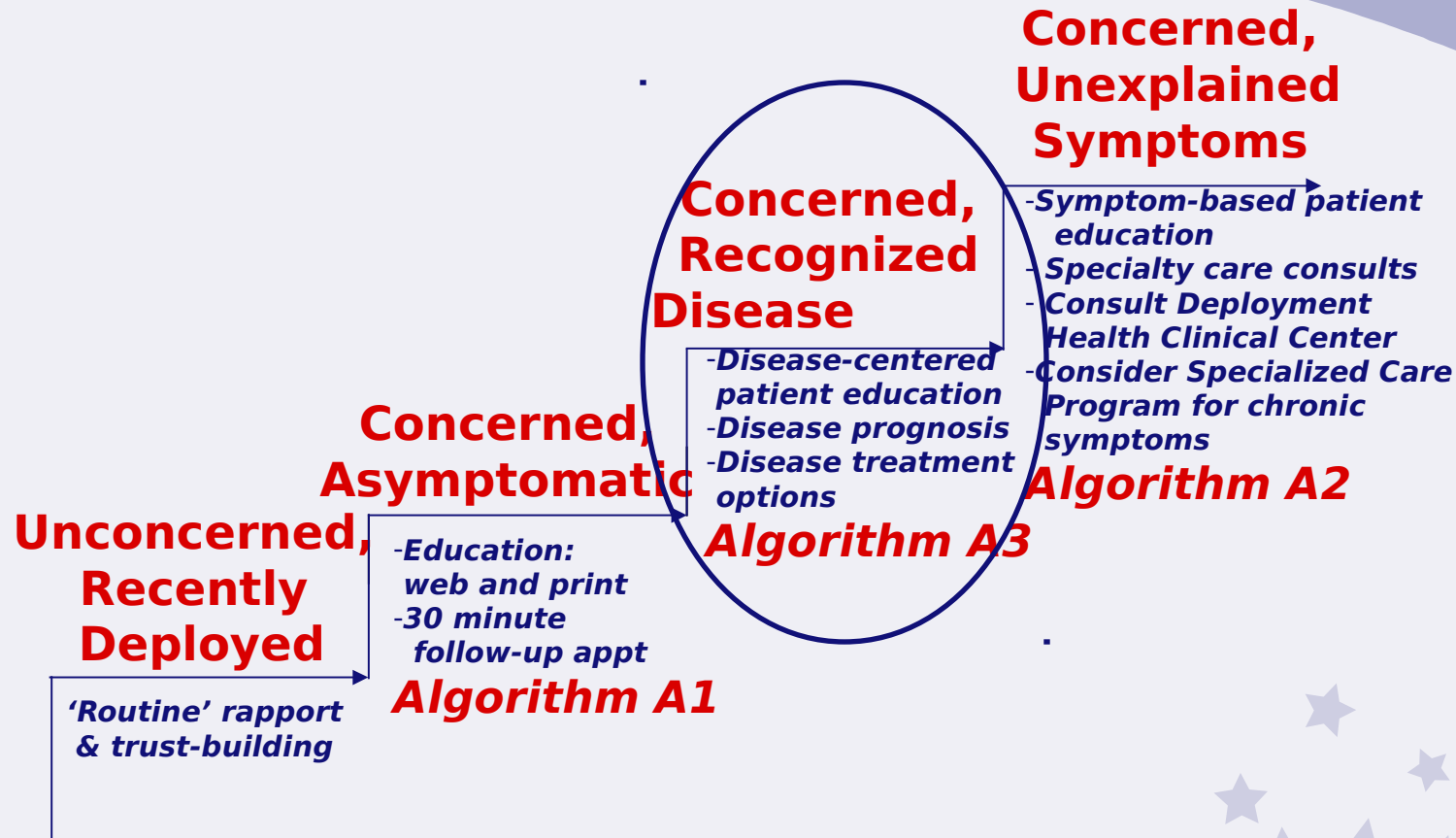


### **3. Process: Primary Care PDH-CPG DD 2796 Follow-up**

#### **♠ Provider – Dr. Station**

- Acknowledges that visit is deployment-related
  - Reinforces follow-up from DD2796 instructions
  - Express appreciation for service & compassion for concerns
    - Stepped-risk communication model (see guideline)
    - ENVITE mnemonic for risk communication
    - Info on deployment risks (see PDHealth.mil web site)
  - Risk communication takes place throughout encounter, not just at end
- Reviews DD2796 (and DD2844 on follow-up visit)
- Evaluates chief complaint – identifies established diagnosis
  - Viral respiratory infection (not consistent with SARS)

# Stepped Risk Communication *Recognized Disease*



# Redeployment

## ***Task: Primary Care PDH-CPG DD 2796 Follow-up (cont.)***



### **3. Process: Primary Care PDH-CPG DD 2796 Follow-up**

#### **♠ Provider – Dr. Station**

- Documents disease-specific diagnosis as primary code
- Documents post-deployment-related visit as secondary code – V70.5\_6
- Establishes follow-up appointment both IAW disease specific guideline and for PDH concern (30 minute PDH appt where DD Form 2844 is used)
- Prior to follow-up: Researches if SARS was a potential exposure in area of operations or during return trip for discussion in follow-up

# Redeployment

## ***Task: Primary Care PDH-CPG DD 2796 Follow-up (cont.)***



### **3. Process: Primary Care PDH-CPG DD 2796 Follow-up**

- ♠ Case Management Function
  - Adds PDH-CPG Patient to the tracking database
  - Ensures follow-up made
  - Provides additional patient educational materials, as requested by patient/provider
  - Quality controls coding

# Redeployment

## ***Task: Primary Care PDH-CPG Definitive Diagnosis***



### **3. Definitive Dx – Family Member – 15 Jun 03**

- ♠ Patience Freedom brings 8 y/o son, Butch, to PC
  - Describes conflict with dad since return from Iraq; son getting into fights at school
- ♠ Ask screening question – military vital sign
- ♠ Document screening response and alert provider
- ♠ Provider recognizes deployment-related nature
- ♠ Provide effective risk communication
- ♠ Refer to Behavioral Health provider
- ♠ Document family problem V-code and deployment V-code
- ♠ Follow-up, track, and manage case



# Redeployment

## ***Task: Primary Care PDH-CPG Definitive Diagnosis (cont.)***



### **3. Definitive Dx – Family Member**

- ♠ Key points to remember
- ♠ Deployment-related problems not limited to service members or adults
  - Can be spouse, child, or retiree
  - Family affected by stress and also can be exposed to contaminants, bacteria, etc. brought back by soldier
- ♠ Process remains the same

# Redeployment

## ***Task: Primary Care PDH-CPG Definitive Diagnosis (cont.)***



### **3. Definitive Dx – Key Points**

- ♠ Ensure risk communication in clinic contacts
- ♠ Ask screening question – military vital sign
- ♠ Document screening response and alert provider
- ♠ Provider recognizes deployment-related nature
- ♠ Triage: Identify definitive diagnosis
- ♠ Provide effective risk communication
- ♠ Document disease diagnosis code and deployment V-code
- ♠ Follow-up, track, and manage case

# **ICD-9 Coding for Identifiable Disease**

**Disease Code**

**plus**

**V70.5\_ 6**

**Post-Deployment-Related  
Visit Code**



# Asymptomatic Patient with Health Concerns



- ♠ Expresses a health concern, but does not exhibit or describe any discernable illness or injury
- ♠ Concerns related to
  - Illness
  - Vaccine or anticipated vaccine or meds
  - Exposure or anticipated exposure
  - An experience
  - News media coverage, internet, etc.
- ♠ Can be service member or family member
- ♠ Legitimate health care visit

# Post-Deployment

## ***Task: Primary Care PDH-CPG Eval and Treatment Asymptomatic Concerned (cont.)***

### **4. Post-Deployment Presentation – 30 Jun 03**

- ♠ SSG Freedom presents to clinic
  - Describes concerns about DU, read article in paper
  - Saw armored vehicle blown-up, no wounds
    - Note on wounded processes
- ♠ **Tools:**
  - SF600 screening question
  - Toolbox Desk Reference Cards
  - DD Form 2844 on follow-up visit
- ♠ **Aids:**
  - Fact Sheets
  - PDHealth.mil web site and DHCC Deployment Health Daily News
  - Provider help-line 1-866-559-1627

# Post-Deployment

## ***Task: Primary Care PDH-CPG Eval and Treatment Asymptomatic Concerned (cont.)***

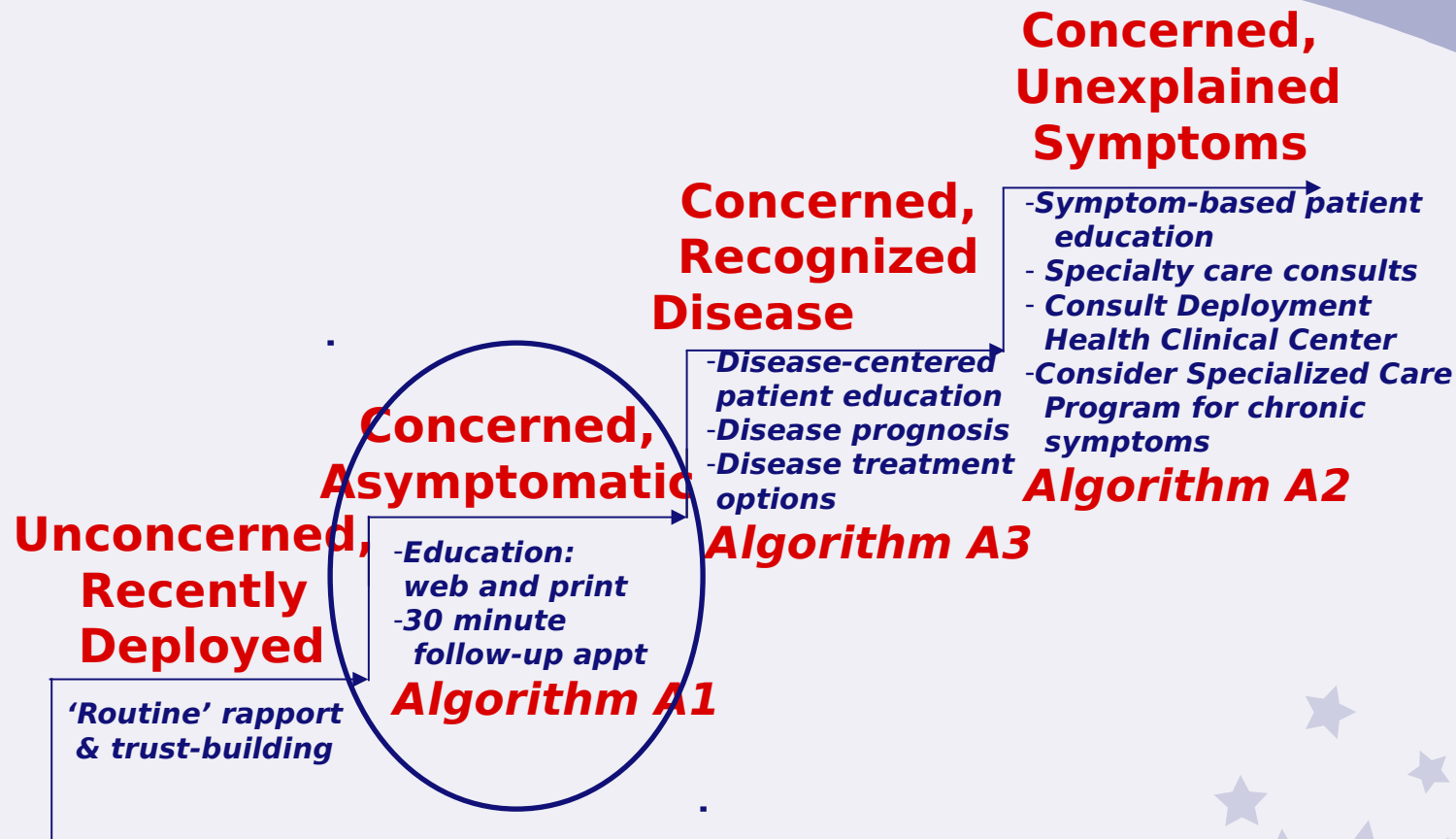
### 4. Post-Deployment, Asymptomatic Concerned

#### ♠ Process

- SSG Whiskey/LPN Grace asks deployment-related screening question
- Records “yes”, alerts provider to deployment-related visit
- Provider expresses recognition to patient that the visit is deployment-related and reinforce decision to make a health care visit to discuss
- Employs risk communication through stepped-care algorithm and ENVITE reminder

# Stepped Risk Communication

## *Asymptomatic Concerned*



# Post-Deployment

## ***Task: Primary Care PDH-CPG Eval and Treatment Asymptomatic Concerned (cont.)***

### **4. Summary – Asymptomatic Concerned Key Points**

- ♠ Ensure risk communication in clinic contacts
- ♠ Ask screening question – military vital sign
- ♠ Document screening response and alert provider
- ♠ Provider recognizes deployment-related nature
- ♠ Triage: Identify Asymptomatic Concerned
- ♠ Provide effective risk communication
- ♠ Document patient education
- ♠ Code: V65.5 and V70.5\_6
- ♠ Research and 30 minute follow-up
- ♠ Follow-up, track, and manage case



# **ICD-9 Coding for Asymptomatic Concerned**

**V65.5**

**plus**

**V70.5\_ 6**

**Post-Deployment-Related  
Visit Code**



# Medically Unexplained Symptoms (MUS)



Physical symptoms that provoke care-seeking, but have no clinically determined pathogenesis after an appropriately thorough diagnostic evaluation.”



# Post-Deployment

## ***Task: Primary Care PDH-CPG Eval and Treatment MUS***

### **5. Post-Deployment Presentation – 15 Sept 03**

- ♠ SSG Freedom presents to clinic
  - Describes fatigue, headache, can't sleep, episodic rash
  - Symptoms on and off since return from Iraq
- ♠ **Tools:**
  - SF600 screening question
  - Toolbox Desk Reference Cards
  - DD Form 2844 on initial follow-up visit
  - Assessment and outcome instruments
    - SF36, PHQ, PDCAT
- ♠ **Aids:**
  - PDHealth.mil web site
  - Provider help-line 1-866-559-1627

# Assessment and Outcome Tools



SF-36v2

**SF-36v2 Health Survey**

This survey asks for your views about your health. This information will help you keep track of how you feel and how well you are able to do your usual activities. Answer every question by selecting the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

1. In general, would you say your health is: [Click on the circle that best describes your answer.]

Excellent ( ) Very Good ( ) Good ( ) Fair ( ) Poor ( )

2. Compared to one year ago, how would you rate your health in general now?

Much better now than one year ago ( ) Somewhat better ( ) About the same ( ) Somewhat worse ( ) Much worse ( )

3. The following questions are about activities:

a. Vigorous Activities, such as running, heavy lifting, or digging  
b. Moderate Activities, such as moving, climbing, or carrying groceries  
c. Lifting or carrying groceries  
d. Climbing several flights of stairs  
e. Climbing one flight of stairs  
f. Bending, kneeling, or stooping  
g. Walking more than a mile  
h. Walking several hundred yards  
i. Walking one hundred yards  
j. Bathing or dressing yourself

4. During the past 4 weeks, how much of the time have you been bothered by any of the following problems?

a. Stomach pain  
b. Back pain  
c. Pain in your arms, legs, or joints (knees, hips, etc.)  
d. Menstrual cramps or other problems with your periods  
e. Pain or problems during sexual intercourse  
f. Headaches  
g. Chest pain  
h. Dizziness  
i. Fainting spells  
j. Feeling your heart pound or race  
k. Shortness of breath  
l. Constipation, loose bowels, or diarrhea  
m. Nausea, gas, or indigestion

5. Over the last 2 weeks, how often have you been bothered by any of the following problems?

a. Little interest or pleasure in doing things  
b. Feeling down, depressed, or hopeless  
c. Trouble falling or staying asleep, or sleeping too much  
d. Feeling tired or having little energy  
e. Poor appetite or overeating  
f. Feeling bad about yourself; or that you are a failure or your family is disappointed in you  
g. Trouble concentrating on things, such as reading, watching television, or listening to the radio  
h. Moving or speaking so slowly that other people could have noticed  
i. Things around you, such as family members or friends, are not doing things as well as you are  
j. Thoughts that you would be better off dead or hurting yourself in some way

**Patient Health Questionnaire™ (PHQ)**

This questionnaire is an important part of providing you with the best health care possible. Your answers will help in understanding problems that you may have. Please answer every question to the best of your ability unless you are instructed to skip over a question.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: ☐ Male ☐ Female Today's Date: \_\_\_\_\_

1. During the last 4 weeks, how much have you been bothered by any of the following problems?

a. Stomach pain  
b. Back pain  
c. Pain in your arms, legs, or joints (knees, hips, etc.)  
d. Menstrual cramps or other problems with your periods  
e. Pain or problems during sexual intercourse  
f. Headaches  
g. Chest pain  
h. Dizziness  
i. Fainting spells  
j. Feeling your heart pound or race  
k. Shortness of breath  
l. Constipation, loose bowels, or diarrhea  
m. Nausea, gas, or indigestion

2. Over the last 2 weeks, how often have you been bothered by any of the following problems?

a. Little interest or pleasure in doing things  
b. Feeling down, depressed, or hopeless  
c. Trouble falling or staying asleep, or sleeping too much  
d. Feeling tired or having little energy  
e. Poor appetite or overeating  
f. Feeling bad about yourself; or that you are a failure or your family is disappointed in you  
g. Trouble concentrating on things, such as reading, watching television, or listening to the radio  
h. Moving or speaking so slowly that other people could have noticed  
i. Things around you, such as family members or friends, are not doing things as well as you are  
j. Thoughts that you would be better off dead or hurting yourself in some way

For provider use only

☐ Intake ☐ 3Mo Fu ☐ 6Mo Fu

**Post Deployment Clinical Assessment Tool**

**PRIVACY ACT STATEMENT – Post Deployment Clinical Assessment Tool**

**AUTHORITY:** 5 U.S.C. 301; and Executive Order 9397

**PRINCIPAL PURPOSE:** The Post Deployment Clinical Assessment Tool (PDCAT) is being administered to assist in providing appropriate care for you and/or your family in relation to deployments, bio-terrorism, and other threats. This tool will also assist in planning to provide better care to our beneficiaries in the future. The PDCAT will be used by your health-care manager in coordination with your primary care manager to tailor optimum care for you.

**ROUTINE USES:** None

**DISCLOSURE:** Voluntary. Failure to respond will not result in any penalty. However, maximum participation is encouraged so that data will be complete and representative. Your PDCAT form will be treated as confidential.

**I HAVE READ THE ABOVE AND UNDERSTAND THE INFORMATION.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

PRIVACY ACT STATEMENT

Date Completed: \_\_\_\_\_  
year / month / day

Patient Identification: \_\_\_\_\_

Version 7: 20MAY03 1 PDCAT

PHQ

PDCAT

Forms and primers on [www.PDHealth.com](http://www.PDHealth.com)

## ♠ SF-36v2 - Health Survey

- Short measure of health-related quality of life

## ♠ PHQ - Patient Health Questionnaire

- Screens and monitors status of common health conditions

## ♠ PDCAT - Post Deployment Health Clinical Assessment Tool

- Measures certain aspects of physical and mental health

# Post-Deployment

## ***Task: Primary Care PDH-CPG Eval and Treatment MUS (cont.)***

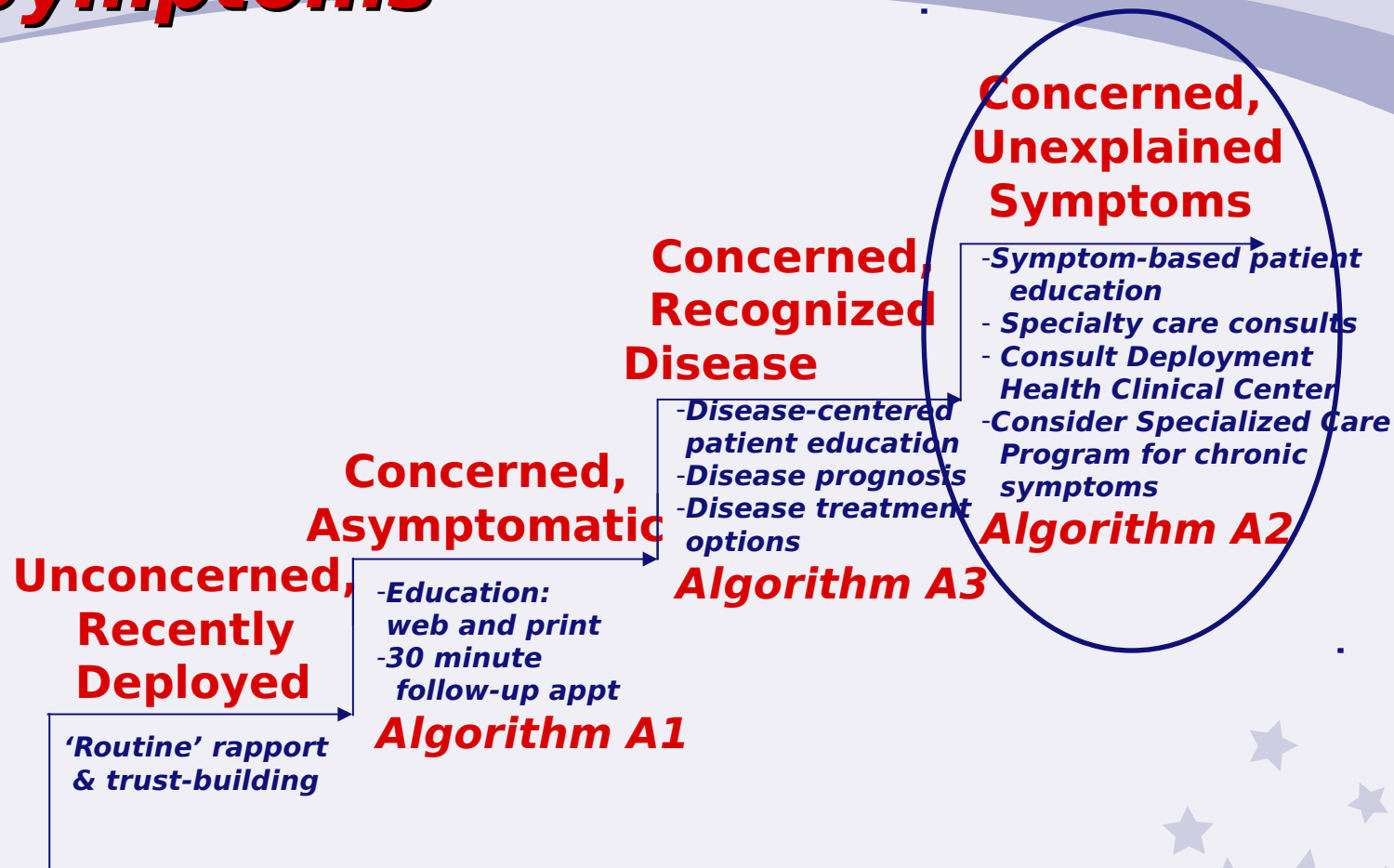


### **5. Process:** Medically Unexplained Symptoms

- ♠ Ask screening question – document – alert provider – recognize deployment-related
- ♠ Use DD Form 2844 to capture more thorough history
- ♠ Conduct clinical assessment
- ♠ Administer functional assessment and outcome measure
- ♠ Use effective risk communication and patient education materials

# Stepped Risk Communication

## *Medically Unexplained Symptoms*



# Medically Unexplained Symptoms Resources



For Clinicians - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites My Web Mail My Yahoo! Games

Address http://www.pdhealth.mil/clinicians/mus.asp

Search Web Search My Web Mail My Yahoo! Games

**DHCC**  
DEPLOYMENT HEALTH CLINICAL CENTER

Advanced Search

**Guidelines**

**Medically Unexplained Symptoms**

**Background**

Medically Unexplained Symptoms (MUS), Medically Unexplained Physical Symptoms (MUPS) or Unexplained Symptoms are the terms used to describe symptoms that remain unexplained after an appropriate medical assessment that includes focused diagnostic testing. Patients are often given multiple labels that lack a well-defined disease explanation. Usual clinical features include a relative lack of objective signs and a chronic symptom course often marked by exacerbations, remissions, and recurrences. Therefore, clinical management must be based largely upon patient report, rather than specific findings on clinical examination or diagnostic testing. A compassionate approach to patients with medically unexplained symptoms (MUS) is essential.

The Veterans Administration (VA) and Defense (DoD) have developed two guidelines to assist primary care clinicians manage patients with deployment-related and MUS:

- DoDVA Post-Deployment Health Assessment (PDH-CPG), which includes an algorithm for evaluation of MUS.

**In the News**

How Malaria Dupes Immune System

**Deployment Health Clinical Center**

**Medically Unexplained Symptoms**

**Improvement in Care for Patients with Medically Unexplained Symptoms (MUS)**

COL Charles C. Engel, MD, MPH  
Director, Deployment Health Clinical Center

COL Charles C. Engel, MD, MPH

2. Presentation Objectives

3. Comparison of Rates of Physical Symptoms in Veterans

4. Post-War and Post-Deployment Syndromes

5. Unexplained Physical Symptoms

## VA/DoD MUS CPG

### VA/DoD Clinical Practice Guideline Management of Medically Unexplained Symptoms (MUS): Chronic Pain & Fatigue

- Establish the medical record
- Obtain a thorough medical history
- Minimize low yield diagnostic testing
- Identify treatable causes (conditions) for patient's symptoms
- Determine if patient can be classified as Chronic Multi-Symptom Illness (CMI) (i.e., has two or more symptom clusters: Pain, fatigue, cognitive dysfunction, or sleep disturbance)

**A PATIENT WITH MEDICALLY UNEXPLAINED SYMPTOMS (MUS):**

- Has unexplained symptoms after an appropriate assessment.
- May have been given one or more diagnoses that lack a well-defined disease explanation (e.g., idiopathic chronic fatigue, burning mouth syndrome, diffuse pain syndrome, dysautonomia, hypoglycemia, multiple chemical sensitivities).

**Definition for CFS (Chronic Fatigue Syndrome):** Clinically evaluated, unexplained, persistent or relapsing fatigue that is of new or diffuse onset, is not the result of ongoing medical or psychiatric illness, and results in substantial reduction in previous levels of occupational, educational, social, or personal activities.

Four or more of the following symptoms that persist or recur during up to more consecutive months of illness and do not produce the fatigue:

- Self-reported impairment in short-term memory or concentration
- Sore throat
- Tender cervical or axillary nodes
- Muscle pain
- Multi-joint pain without redness or swelling
- Headaches of new pattern or severity
- Unrefreshing sleep (i.e., waking up feeling unrefreshed)
- Disturbance of new pattern or severity

Neurocognitive difficulties common in CFS/ME

- Exhaustion
- Postural instability
- Sleep disturbance common in CFS
- Unrefreshing sleep that is characterized by:
  - Difficulty falling asleep
  - Frequent awakening
  - Awakening but not refreshing (e.g., awakenings)
  - Sleep Apnea (CFS present if sleep apnea treatment does not resolve fatigue)

**HOW TO CHARACTERIZE SYMPTOMS**

SYMPTOM ATTRIBUTES	QUESTIONS
Duration	<ul style="list-style-type: none"> <li>Has the symptom existed for days, weeks, or months?</li> <li>Has the symptom existed for years?</li> <li>Has the symptom existed for decades?</li> <li>Has the symptom existed for a lifetime?</li> <li>Has the symptom existed for a lifetime?</li> </ul>
Onset	<ul style="list-style-type: none"> <li>Has the symptom existed for days, weeks, or months?</li> <li>Has the symptom existed for years?</li> <li>Has the symptom existed for decades?</li> <li>Has the symptom existed for a lifetime?</li> <li>Has the symptom existed for a lifetime?</li> </ul>
Location	<ul style="list-style-type: none"> <li>Is the symptom localized or diffuse?</li> <li>Is the symptom localized or diffuse?</li> <li>Is the symptom localized or diffuse?</li> <li>Is the symptom localized or diffuse?</li> <li>Is the symptom localized or diffuse?</li> </ul>
Intensity	<ul style="list-style-type: none"> <li>Is the symptom mild, moderate, or severe?</li> <li>Is the symptom mild, moderate, or severe?</li> <li>Is the symptom mild, moderate, or severe?</li> <li>Is the symptom mild, moderate, or severe?</li> <li>Is the symptom mild, moderate, or severe?</li> </ul>
Pattern/episode	<ul style="list-style-type: none"> <li>Is the symptom constant or episodic?</li> <li>Is the symptom constant or episodic?</li> <li>Is the symptom constant or episodic?</li> <li>Is the symptom constant or episodic?</li> <li>Is the symptom constant or episodic?</li> </ul>
Steady and repeat	<ul style="list-style-type: none"> <li>Has the symptom been steady and repeat?</li> <li>Has the symptom been steady and repeat?</li> <li>Has the symptom been steady and repeat?</li> <li>Has the symptom been steady and repeat?</li> <li>Has the symptom been steady and repeat?</li> </ul>
Pattern/episode	<ul style="list-style-type: none"> <li>Is the symptom constant or episodic?</li> <li>Is the symptom constant or episodic?</li> <li>Is the symptom constant or episodic?</li> <li>Is the symptom constant or episodic?</li> <li>Is the symptom constant or episodic?</li> </ul>
Time of onset and progression	<ul style="list-style-type: none"> <li>Has the symptom been steady and repeat?</li> <li>Has the symptom been steady and repeat?</li> <li>Has the symptom been steady and repeat?</li> <li>Has the symptom been steady and repeat?</li> <li>Has the symptom been steady and repeat?</li> </ul>
Pain/episode of symptoms	<ul style="list-style-type: none"> <li>Has the symptom been steady and repeat?</li> <li>Has the symptom been steady and repeat?</li> <li>Has the symptom been steady and repeat?</li> <li>Has the symptom been steady and repeat?</li> <li>Has the symptom been steady and repeat?</li> </ul>

**ASSESSMENT AND DIAGNOSIS**

VA/DoD Clinical Practice Guideline Management of Medically Unexplained Symptoms (MUS): Chronic Pain and Fatigue Pocket Guide

## PDH-CPG Toolbox MUS Card

**Medically Unexplained Symptoms**

**Medically Unexplained Symptoms (MUS) Guideline Key Elements**

- Establish that the patient has MUS
- Obtain a thorough medical history, physical examination, and medical record review
- Minimize low yield diagnostic testing
- Identify treatable causes (conditions) for patient's symptoms
- Determine if patient can be classified as Chronic Multi-Symptom Illness (CMI) (i.e., has two or more symptom clusters: Pain, fatigue, cognitive dysfunction, or sleep disturbance)
- Negotiate treatment options and establish collaboration with patient
- Provide appropriate patient and family education
- Maximize the use of non-pharmacologic therapies:
  - Graded aerobic exercise with close monitoring
  - Cognitive behavioral therapy (CBT)
- Empower patient to take an active role in his/her treatment

**BATHE Technique:** Provides a time-efficient way to address the impact of patient's symptoms on his/her level of function

**Background:** "What's going on in your life?"

**Affect:** "How do you feel about it?"

**Trouble:** "What troubles you the most about the situation?"

**Handle:** "What helps you handle that?"

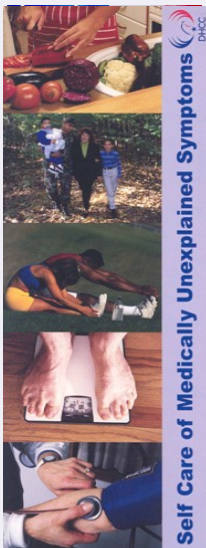
**Empathy:** "This is a tough situation to be in. Anybody would feel (down, stressed, etc.). Your reaction makes sense to me."

DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 662-6563 www.PDHealth.mil  
PDH-CPG Tool Kit Pocket Cards Version 1.0 December 2003



# Medically Unexplained Symptoms

## Patient Education Brochures



*As a patient, you have a right and responsibility to be a partner in your care. Good partnerships start with good communication.*

When you need to see your health care provider:

- Make an appointment as soon as possible. Some clinics have a walk-in option for urgent problems.
- State the reasons for your visit and if you need more time than usual to discuss a problem.
- Say if you expect the doctor to see more than one family member to schedule appointments back to back.

If you think you have MUPS, have been deployed, and require further assistance, please contact the Deployment Health Clinical Center. There is a toll-free number to assist you: (866) 559-1627.

You can also visit the website at: <http://www.deploymenthealth.org>

**Medically Unexplained Physical Symptoms: MUPS**

If you are reading this, it's most likely because a doctor has said you have medically unexplained symptoms. Don't worry.

- It's difficult to have symptoms with you.
- It's frustrating to "take" or get better.
- It's embarrassing to see what's wrong.
- It can make you seem to your making your symptoms worse.

This pamphlet is to help you understand these and other issues. It will probably not tell you that having medical symptoms is not the same as having a disease. It's about symptoms. Most people have them at one time or another. You may also be reading this because you are a member of a family that has been sick for a long time. The doctors don't seem to be able to find the cause. How good at detecting illness are those with a regular doctor?

**Headaches**  
**Fatigue**  
**Memory Loss**  
**Unexpected Weight Changes**  
**Insomnia**  
**Joint Pain**  
**Skin Rash**

**What is a skin rash?**  
A skin rash is a visible change in the color and texture of the skin. The location, appearance, pattern and color of the rash is important. How it began, and associated symptoms such as itching or fever, will help your health care provider determine the cause and treatment.

**What causes a skin rash?**  
This is a hard question to answer because there are many causes of skin rashes. Common causes of rashes include allergic reaction to a number of factors: contact with metals, insects, chemicals, plants, medications. Rashes from infections such as measles and chickenpox are associated with a fever. Other rashes may result from overexposure to the sun. The most common type of skin rash is the red, itchy skin, which is called eczema. This is a chronic condition. The rash can be treated with medicine, but it often returns. This is known as a chronic condition. This is known as a chronic condition.

**When to seek medical help**

- A rash that is very itchy or painful.
- A rash that is accompanied by a fever.
- A rash that is accompanied by a fever.
- A rash that is accompanied by a fever.

**Call your doctor if:**

- You have a skin rash that is very itchy or painful.
- You have a skin rash that is accompanied by a fever.
- You have a skin rash that is accompanied by a fever.

### Medically Unexplained Physical Symptoms (MUPS)

A Guide for Re-Deploying Service Members

Brought to you by  
Deployment Health  
Clinical Center

Available from the  
DHCC web site:  
[www.PDHealth.mil](http://www.PDHealth.mil)

Available from the  
MEDCOM web site:  
[www.qmo.amedd.army.mil](http://www.qmo.amedd.army.mil)



# Post-Deployment

## **Task: Primary Care PDH-CPG Eval and Treatment MUS (cont.)**



### **5. Process: Medically Unexplained Symptoms**

- ♠ Refer to MUS-specific Clinical Practice Guideline
  - Also at [www.PDHealth.mil](http://www.PDHealth.mil), Supporting Guidelines
  - Additional guidelines: Depression, PTSD
- ♠ Consider specialty care and second opinions
- ♠ Always follow-up, even when referral to specialty care; case management
  - Case Management
  - 30-minute appt for patient education and RC
- ♠ Tele-consult DHCC
- ♠ For unresolved concerns: Consider referral to DHCC Specialized Care Program for rehabilitative care
- ♠ Don't forget to code: 799.89 (Ill-defined condition) plus  
V70.5\_6 Post-Deployment-related visit

# DHCC Clinical Care

## *Specialized Care Programs*

### *(SCP Tracks I and II)*



- ♠ Intensive, **3-week, multidisciplinary, rehabilitative program** for patients with deployment-related chronic illness or Medically Unexplained Symptoms or post-operational stress
- ♠ Available to **all military members and family members** who continue to have problems after going through PDH-CPG based care at local MTF and meet admission criteria (e.g., ambulatory, patient education, counseling, capable of some exercise) (**Track II for military members only**)
  - Physical conditioning
  - Occupational therapy
  - Relaxation training
  - Cognitive-behavioral therapy
  - Nutritional counseling
  - Exposure therapy

# Post-Deployment

## ***Task: Primary Care PDH-CPG Eval and Treatment MUS (cont.)***



### **5. Summary - Medically Unexplained Symptoms**

- ♠ Ask screening question – military vital sign
- ♠ Document screening response and alert provider
  - Use DD Form 2844
- ♠ Provider recognizes deployment-related nature
- ♠ Evaluate clinically – refer to MUS CPG
- ♠ Use assessment and outcome tools on [pdhealth.mil](http://pdhealth.mil)
  - e.g., SF36, PHQ, PDCAT
- ♠ Provide effective risk communication
- ♠ Code: 799.89 and V70.5\_6
- ♠ Research, 30 minute follow-up
- ♠ Consult: specialty care; DHCC phone consult; DHCC rehabilitative care for chronic MUS
- ♠ Follow-up, track, and manage case

# **ICD-9 Coding for Medically Unexplained Symptoms**

**799.89**

**plus**

**V70.5\_ 6**

**Post-Deployment-Related  
Visit Code**

Note: ICD-9-CM Guidelines 2005 changed MUS code from 799.8 to 799.89

# Pre-Deployment Phase of Cycle

## **Task: Primary Care PDH-CPG Evaluation and Treatment**



### **6. Pre-deployment - 1 Nov 03**

- ♠ SSG Reserve is on reserve drill at Ft Carson; scheduled to be deployed again in 60 days
  - Reports to Primary Care; describes flashbacks of last combat, inability to sleep, intrusive thoughts of seeing friend killed in tank explosion, easily startled, drinking a lot lately
- ♠ **Tools:**
  - All previous PDH-CPG tools
  - PTSD screening scale (on web site)
  - Risk communication very important at this point
- ♠ **Process:** Follow Definitive Diagnosis Algorithm (A3)
  - Refer to VHA nearer to his home for treatment
- ♠ **Key:**
  - MUS is not the same as MH (mental health) concern
  - PDH-CPG applies throughout the Deployment Cycle
  - VA offers Reserve and Guard care 2 years post-deployment
    - Vet Centers available for family counseling

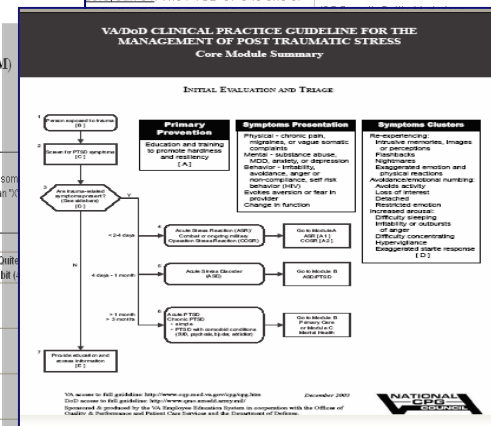
# Post Traumatic Stress Disorder Checklists, Primer and CPG

## Resources on [www.PDHealth.mil](http://www.PDHealth.mil)



## ♠ Post Traumatic Stress Disorder Checklists (PCL)

- Assesses trauma-related distress
- Self-administered
- 3 Versions
  - Civilian Version (PCL-C)
  - Military Version (PCL-M)
  - Stress Specific Version (PCL-S)



PCL

PCL-M

VA/DoD PTSD CPG

# Deployment Health Assessment Forms and Primers



## ♠ DD Form 2795, Pre-Deployment Health Assessment

- Reviewed by a credentialed provider for positive responses

## ♠ DD Form 2796, Post-Deployment Health Assessment

- Face to face assessment by trained health care provider (physician, physician assistant, nurse practitioner, independent duty corpsman/medical technician)

♠ Available on [www.PDHealth.mil](http://www.PDHealth.mil)

### DD Form 2795

### DD 2795 Primer

### DD Form 2796

### DD 2796 Primer



# Post-Deployment Health Reassessment Policy (PDHRA)



♠ Health Affairs PDHRA Policy Memo, 10 Mar 05

♠ Policy Guidance

- Purpose: Identify and address health concerns that emerge over time following deployments
- Conducted 90 to 180 days after return to home station
- Automated DD Form 2900 with questions on general health and specific emphasis on mental health
- Reviewed and scored by trained healthcare provider (physician, PA, NP, IDC, IDMT)
- Appropriate referrals, treatment and follow-up

The image shows a sample of the DD Form 2900, titled "POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA)". The form is a structured questionnaire with various sections including "Demographics", "Service Branch", "Status Prior to Deployment", "Pay Grade", "Location of Operations", "Current Assignment Location", and "Point of Contact". It includes checkboxes for various health concerns and deployment details. The form is labeled "DD FORM 2900, JUN 2005" at the bottom left and "A520000-1" at the bottom right.

★ DD Form 2900



# PDHRA Process Resources



DEPLOYMENT HEALTH CLINICAL CENTER

- ♠ Clinical Guidance
- ♠ PDHRA Policies & Directives
- ♠ Information for Concerns Related to
  - Deployment Exposures
  - Medical
  - Behavioral Health
- ♠ Healthcare Resources
- ♠ PDHRA Training Material

The screenshot shows the DHCC website with a navigation menu on the left and a main content area. The navigation menu includes links for Clinicians, Veterans, Family and Friends, Reserve Component, Deployment Cycle Support, PDH Guidelines, Emerging Health Concerns, News and Announcements, Library, Education and Training, Risk Communication, Research, War on Terrorism, Are You a New User?, About DHCC, Contact DHCC, Index & Site Map, Help and FAQs, and 508-Compliant Site. The main content area is titled 'Deployment Cycle Support' and features a section for 'Post-Deployment Health Reassessment (PDHRA) Program (DD Form 2900)'. The text describes the PDHRA Program, its purpose, and the timeline for completion. It also mentions the availability of a 'Table of Contents' for more information.

- Clinical Guidance for Implementing
- PDHRA Policies and Directives
  - DoD/DoJ/DoF
- Screening Forms and Measures
- Deployment Exposure Concern Form 2900
- Medical Concerns
- Behavioral Health Concerns
- Health Care Resources
- Education and Training
- Related Links

The screenshot shows a video player for a 'Post Deployment Health Reassessment (PDHRA) Clinical Training' module. The video is titled 'Post-Deployment Health Reassessment (PDHRA)' and is dated 'June 2005'. The video content includes a title slide, a 'Clinician Training' slide, and a list of topics: 1. Post-Deployment Health Reassessment (PDHRA), 2. Purpose of the Post-Deployment Health Reassessment (PDHRA), 3. Description of the PDHRA, 4. PDHRA Key Elements, and 5. Impact of Physical and Emotional Stress on Service Members.

Available on  
[www.PDHealth.mil](http://www.PDHealth.mil)

The screenshot shows the 'DD Form 2900 Primer: Post-Deployment Health Reassessment (PDHRA)' document. It includes the title, purpose, and instructions for completion. The document is dated 'June 2005' and is available on the 'www.PDHealth.mil' website.

Toolbox DD2900 Primer

# Deployment Health Clinical Center

## A DoD Center of Excellence



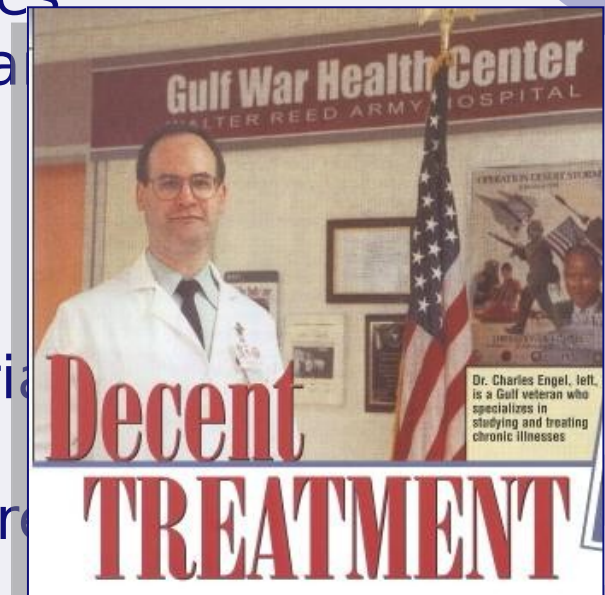
### ♠ Clinical Services

- Specialized Care Programs
- Clinician and Service Member Helplines
- Worldwide Ambulatory Referral Programs

### DHCC Experience

### ♠ Outreach and Education

- [www.PDHealth.mil](http://www.PDHealth.mil)
- Email Newsletter
- Deployment-Related Education Materials
- Staff Training and Assistance Team
- Annual Force Health Protection Conference



### ♠ Health Services Research

- Clinical Trials
- Web-Based Treatment
- Web-Based Training

- ♠ Proponent for VA/DoD Post-Deployment Health Clinical Practice Guideline

# Deployment Health Clinical Center

## Resource Center



- ♠ DHCC Helpline for Clinicians/Providers  
(Administrative and clinical consultation - Mon-Fri 0730-1630)
  - US Toll Free: 1-866-559-1627
  - Local No.: 202-356-0907 (DSN 642)
  - Outside US DSN: 312-642-0907
- ♠ DoD Helpline for Veterans and Family Members  
(Patient information, referral, advocacy - Mon-Fri 0730-1630)
  - US Toll Free: 1-800-796-9699
  - Local No.: 202-782-3577 (DSN 662)
  - From Europe Toll Free: 00800-8666-8666
  - Outside US DSN: 312-662-3577
- ♠ Email Questions
  - [pdhealth@amedd.army.mil](mailto:pdhealth@amedd.army.mil)

# PDH-CPG Training Briefs



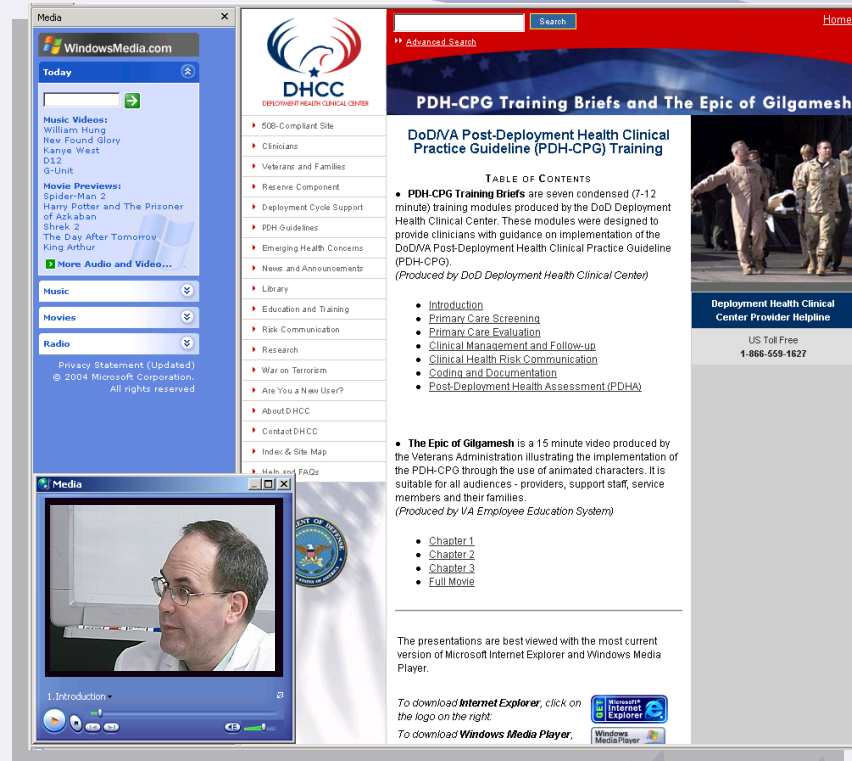
♠ Produced by DHCC Jan

04

♠ 7 video modules  
from 7-12 minutes

♠ Developed for  
medical providers  
and support staff

♠ CD in Toolbox and  
posted on DHCC



## Table of Contents

♠ Introduction  
♠ Primary Care  
Screening  
♠ Primary Care  
Evaluation

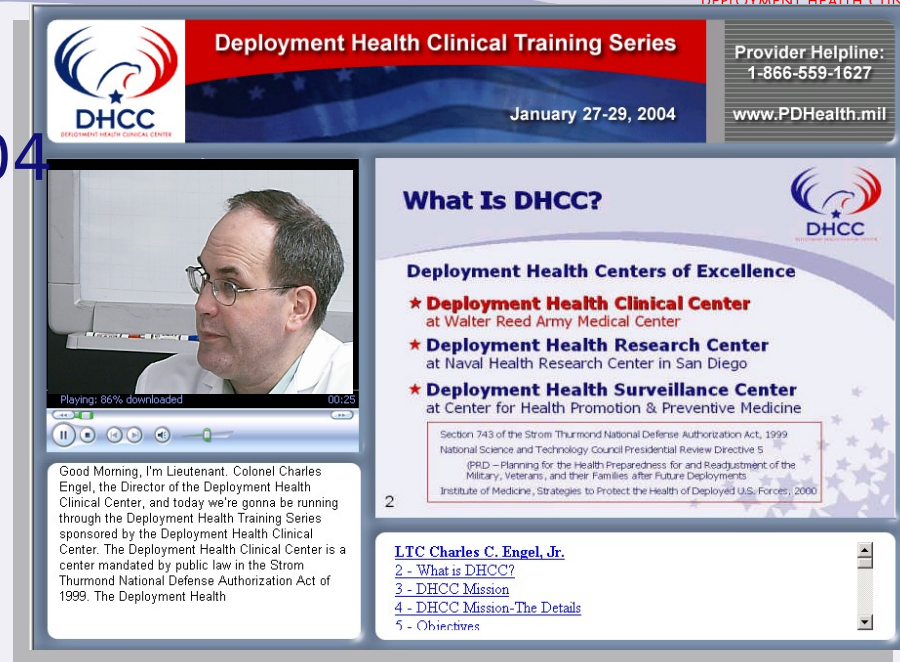
♠ Management & Follow-

♠ Health Risk Communication  
♠ Coding and Documentation  
♠ PDHA

# Deployment Health Clinical Training Series



- ♠ Produced by DHCC Jan 04
- ♠ 11 modules from 17-47 minutes
- ♠ Video, script, slides
- ♠ Developed for medical providers and support staff
- ♠ CD in Toolbox and posted on DHCC Web site [www.PDHealth.mil](http://www.PDHealth.mil)



## Table of Contents

- ♠ PDH-CPG
  - Introduction/Overview
  - Screening/Evaluation
  - Management/Follow-up
  - Risk Communication
  - Coding/Documentation
  - PDHA Process
- ♠ Emerging Health Concerns
  - Suicide
  - Malaria
  - Depleted Uranium
  - Leishmaniasis
  - Vaccine Safety



# New Deployment Health Clinical Series Presentations



♠ Medically Unexplained Symptoms (MUS) Clinical Practice Guideline, Jan 06

♠ Major Depressive Disorder (MDD) Clinical Practice Guideline, May 07

♠ Video, script, slides

♠ Developed for medical providers

♠ Available on

**Deployment Health Clinical Center**  
Medically Unexplained Symptoms  
Provider Helpline: 1-866-559-1627  
www.PDHealth.mil

**DHCC**  
DEPLOYMENT HEALTH CLINICAL CENTER  
Improvement in Care for Patients with Medically Unexplained Symptoms (MUS)  
COL Charles C. Engel, MD, MPH  
Director, Deployment Health Clinical Center

**Deployment Health Clinical Training Series**  
May 7, 2007  
Provider Helpline: 1-866-559-1627  
www.PDHealth.mil

**DHCC**  
DEPLOYMENT HEALTH CLINICAL CENTER  
Managing Depression in Primary Care Using the VA/DoD Major Depressive Disorder Clinical Practice Guideline  
COL Charles C. Engel, Jr., MD, MPH  
Director, Deployment Health Clinical Center

[00:00:01] 1 - Managing Depression in Primary Care  
[00:00:24] 2 - Presentation Objectives  
[00:00:44] 3 - Major Depressive Disorder  
[00:02:41] 4 - Diagnostic Criteria for MDD  
[00:03:28] 5 - Co-Occurring Disorders

**“Unless...wars are fought solely by machines, the human cost of warfare will remain high. The troops must... be given a commitment for all necessary care for war-related illness.”**

**Straus SE: Lancet 1999; 353:162-3**



# Questions, Information, Assistance



**DoD Deployment Health Clinical Center**

**Walter Reed Army Medical Center**

**Building 2, Room 3G04**

**6900 Georgia Ave, NW**

**Washington, DC 20307-5001**

**202-782-6563**

**DSN:662**

**Provider Helpline**

**1-866-559-1627**

**E-mail: [pdhealth@na.amedd.army.mil](mailto:pdhealth@na.amedd.army.mil)**

**Website: [www.PDHealth.mil](http://www.PDHealth.mil)**

**Patient Helpline**

**1-800-796-9699**